



CITY OF NEWBURYPORT HEALTH DEPARTMENT

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APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD KITCHEN*

☐ NEW PERMIT ☐ PERMIT RENEWAL

Name of Establishment / Business: _____

Mailing Address of Establishment: _____

Establishment Phone Number: _____

E-mail Address: _____

Name of Legal Owner (please print): _____

Owner's Address: _____ Phone Number: _____

Base of Operations _____
(Base of Operations) (Street, City, State, Zip)

Service Route: Locations In City (Street # & Name, Section of City)

Days and Times

Make & Year of Vehicle _____ State of Registration _____ Registration # _____

Handwashing Facilities on Mobile Unit ☐ YES ☐ NO

Water Source _____

Toilet Facilities are Located At _____

Source of Food Products to be Sold _____

Mechanical Refrigeration ☐ YES ☐ NO

**Mobile Food Kitchen does not include canteen, coffee or ice cream trucks or food vending push carts, stands or trailers.*

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Hot Food Items (be specific)

Cold Food Items (be Specific)

How will hot foods be held at 140 degrees or above? _____

How will cold foods be held at 41 degrees or lower? _____

How are surfaces cleaned and sanitized? _____

If You Sell Frozen Dessert, Yogurt or Soft-Serve Ice Cream, Please Complete the Following:

Name and Location of Company From Where Mix is Purchased _____

Is the Mix Pasteurized? ☐ YES ☐ NO Number of Refrigerators / Freezers _____

Are You Aware of the Regulations Regarding Submission of Monthly Lab Reports? ☐ YES ☐ NO

Please provide names of the following service vendors:

Solid Waste – Name & Location of Disposal Site _____

Fats, Oils and Grease– Name & Location of Disposal Site _____
(Includes cooking & fry-o-lator grease and cleaning of grease trap)

Gray Water – Name & Location of Disposal Site _____

Pest Control Management _____

Copies of the following documents are **REQUIRED** and must be included with your application

- Current Food Protection Manager Certification
- Current Allergen Training Certification
- Massachusetts Hawkers and Peddlers License
- Verification Letter, copy of last inspection report and copy of food permit from the licensed food establishment serving as your base of operations
- HACCP Plan (if applicable)
- Common Victuallers License (if applicable)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.00 and all other applicable laws. I have been instructed by the Health Department on how to obtain copies of 105 CMR 590.00 and the Federal Food Code. Pursuant to M.G.L. Ch 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State taxes required under law.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE