



## Inspectional Services Department

### Division of Health Inspections Procedures for Obtaining a Mobile Permit

In order to obtain a Mobile Food Health Permit from the Inspectional Services Department the following documents must be submitted prior to the inspection. Inspections **CANNOT** be performed if the information is incomplete and not submitted prior to inspection.

**Complete a Food Establishment application** and provide the required documents and licenses at the time of your inspection. Inspections are performed at 1010 Mass. Ave., Monday-Friday from 8:00 a.m.-9:30 a.m. Mobile Food Permit fees are \$100 per unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine, the fee is \$100. You are also required to have a lab that will test your machine once a month and submit those reports to the Health Division. **No application will be accepted if the Tax ID # is blank.**

**New mobile food units must submit plans** for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas McAdams at (617) 961-3292.

**If you are vending on private property**, you must obtain a [Use of Premises](#) <https://www.boston.gov/departments/inspectional-services/how-get-use-premises-permit> from the Inspectional Services Department, Building Division, 1010 Mass. Ave, 5th Fl., Boston, MA 02118 (617) 635-5300.

**If you are vending in the City of Boston**, you may have to go to Police Headquarters, located at 1 Schroeder Plaza Boston, MA 02120, (617) 343-4425, to verify where you can sell. (SOME AREAS ARE RESTRICTED)

If you are a mobile food walk on truck you are required to contact the Office of Economic Development, located at 26 Court St., 7th Floor., Boston, MA, 02108. (617) 635-0355

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, located at One Ashburton Place, Rm. 1115, Boston, MA 02108. (617) 727-3480



## Inspectional Services Department

If you are vending on a public property, you must obtain a permit from the Department of Public Works. Contact: Anne McNeil, 1 City Hall Square, Rm. 714, Boston, MA 02201 (617) 635-4911.

If you are vending in a city park, you must obtain a permit from the Parks & Recreation Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118 (617) 635-4505.

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, Rm. 116. (617)727-2834.

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food, supplies, and cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating that you have permission to perform these duties from their establishment along with a copy of their permit.

If you sell TCS (time controlled for safety) foods, you are required to have a full time on-site certified food protection manager assigned to the mobile food operation. Please ask for a listing of courses. These courses are not offered by the City of Boston, but through private consultants.

If you are using propane, generators, or open flame you are required to contact the Boston Fire Department at 1010 Mass. Ave, Boston, MA 02118. Ask to speak with the Special Hazardous Division, (617) 343-3447, to see if a fire inspection and/or permit are needed. If you have an exhaust system you are required to contact David Hayes at the Fire Marshal's Office at (617) 343-2019.



# INSPECTIONAL SERVICES DEPARTMENT

## FOR BOARD OF HEALTH USE ONLY

<u>Date Received</u>	<u>Date Inspected</u>	<u>Approved By</u>	<u>Permit # Issued</u>	<u>Fee</u>
_____	_____	_____	_____	_____

## Food Establishment Permit Application

<b>1) Establishment Name:</b>	
<b>2) Establishment Address:</b>	
<b>3) Establishment Mailing Address (if different):</b>	
<b>4) Establishment Telephone No:</b>	
<b>5) Applicant Name and Title:</b>	
<b>6) Applicant Address:</b>	
<b>7) Applicant Telephone No:</b>	
<b>8) Owner Name and Title (if different from applicant):</b>	
<b>9) Owner Address (if different from applicant):</b>	
<b>10) Establishment Owned By:</b>  <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership	<b>11) If a corporation or partnership, give name, title and home address of officers or partners:</b> <u>Name:</u> <u>Title:</u> <u>Address:</u> _____ _____ _____ _____
<b>12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</b>	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
<b>13) District Or Regional Supervisor (if applicable )</b>	
Name & Title :	
Address:	
Telephone No:	Fax:

<b>14) Source of Water</b> _____ <b>Sewage Disposal</b>	<b>15) Rubbish Disposal Co.</b> _____ <b>Rendering Co. (For Grease)</b>	
<b>16) Days and Hours of Operation:</b>	<b>17) No. of Food Employees</b>	
<b>18) Name of Person In Charge Certified in Food Protection Management:</b> <small>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.</small>		
<b>19) Person Trained In Anti-Choking Procedures</b> (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>20) Location:</b> <i>(check one)</i> Permanent Structure Mobile Reg.#: Base of Operation:	<b>21) Establishment Type</b> <i>(check all that apply)</i> <input type="checkbox"/> Retail (    sq.ft) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Service (    Seats) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Mobile Food <input type="checkbox"/> Food Service-Institution <input type="checkbox"/> Mobile Food Walk-on (    Meals/Day) (    Beds) <input type="checkbox"/> Bakery  <input type="checkbox"/> Frozen Dessert Manufacturer  <b>Other (Describe):</b> _____ _____	
<b>22) Length of Permit:</b> <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates  <input type="checkbox"/> _____ Temporary/Dates/Time	<b>23) Food Operations:</b> <i>(check all that apply):</i>  <b>Definitions:</b> <i>PHF-potentially hazardous food (time/temperatures controls required)</i> <i>Non-PHF's-non-potentially hazardous food (no time/temperature controls required)</i> <i>RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's <input type="checkbox"/> Commercially Pre-Packaged PHFs <input type="checkbox"/> Preparation of Non-PHF's <input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours <input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only <input type="checkbox"/> Delivers Food Within 1 Hour of Preparation <b>Other (Describe):</b> _____ _____	<input type="checkbox"/> PHF Cooked To Order <input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service <input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer <input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service <input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility <input type="checkbox"/> Vacuum Packaging/Cook Chill <input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan <input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<p><b>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 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.</b></p>		
<b>24) Signature of Applicant:</b> _____		
Pursuant to MGL 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 state taxes required under law.		
<b>25) Federal ID:</b> _____		
<b>26) Signature of Individual or Corporate Name:</b> _____		





# INSPECTIONAL SERVICES DEPARTMENT

**Choose all that apply to your business:**

Canteen Truck     Mobile Kitchen     Pushcart     Ice Cream Truck     Other

Sell:  Frozen dessert     Yogurt     Ice Cream     Milk

Manufacturing:  Frozen Desert     Yogurt     Ice Cream (soft serve)

Name of vehicle/pushcart: \_\_\_\_\_

Base of Operation: \_\_\_\_\_

Street, City, State & Zip: \_\_\_\_\_

Verification letter from licensed commissary or establishment     Yes     No

**Location in the city (be specific)**

**# Street names & section of the city**

**Days & Times**

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**Handwashing sink on mobile unit**     Yes     No

**Food products to be sold source of food products**

**Hot food items (*be specific*)**

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**Cold food items (*be specific*)**

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**Mechanical Refrigeration**

Yes

No

Make & year of vehicle

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State of registration

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Registration #

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**If you manufacture frozen dessert/ice cream please complete the following:**

Where is the mix purchased from/name of company

Is the mix pasteurized

Yes

No

Number of refrigerators/freezers

Are you aware of the regulations regarding the submission of monthly lab reports?

Yes

No



## Boston Fire Department's General Requirement

### City of Boston Municipal Code Mobile Food Truck (Ord.2011 c.5)

In the City of Boston, food truck vendors are required to apply for a number of permits as well as undergo inspections by both the Health and Fire Department.

Each registered truck requires a BFD General permit for open burning/cooking. Special Event permits for those that do not regularly operate in Boston may be obtained provided an application and inspection is submitted and approved.

A fuel storage permit is required for all diesel or purpose generators **not** fueled directly from a vehicle fuel tank. (Gasoline generators with a separate fill are not allowed.)

No more than 2-100 lb. tanks are allowed (200 lbs. aggregate)

Generator and LPG storage compartments located on the exterior of the vehicle must be enclosed. These compartments must have venting to the exterior and must not allow any venting to the interior of the vehicle. No storage or use of LPG cylinders or tanks within the vehicle at any time.

If an LPG storage compartment is added on the rear of the truck, the bumper shall extend beyond the compartment to provide added impact protection.

Belly tanks shall be installed according to DOT standards and located within the truck body frame for additional structural protection.

A commercial kitchen hood and suppression system is required for any vehicle with a grill, stove, or fryolator.

When a grill, stove, and fryolator are adjacent to each other, there shall be an 8 inch non combustibile splash shield between them as required by NFPA 96 or a 16" space must be provided.

Hood and exhaust systems shall be inspected in conformance with the requirements of the 2008 edition of NFPA 96 as adopted by the Commonwealth of Massachusetts.

At the time of inspection, hood and exhaust systems must be clean and the hood shall have the appropriate sticker attached by a Boston Fire Department Registered Cleaner.

All piping, interior gas appliances and commercial kitchen hood suppression systems must be professionally installed and permitted.



## **Boston Fire Department's General Requirement City of Boston Municipal Code Mobile Food Truck**

A "flex pipe" is allowed from the LPG tank to the regulator. The regulator to the appliance must be "hard pipe" by a licensed plumber.

A Class K extinguisher of sufficient size and a 20 BC extinguisher shall be installed.

When parked on city streets, vendors are required to obtain a Boston Transportation Department (BTD) permit for 3 spaces. This ensures clear area in the front and rear of the truck.

During festival or Special Events, trucks shall maintain a minimum spacing no closer than 10 feet from the front and rear bumpers of other trucks.

To apply for a Boston Fire Department inspection, complete an application for a General BFD permit for open burning (cooking) or call the Special Hazards Unit if you have any additional questions.

**For more information visit: [www.cityofboston.gov/business/mobile](http://www.cityofboston.gov/business/mobile)**





Inspectional Services Department

## BOSTON FIRE DEPARTMENT FIRE PREVENTION DIVISION

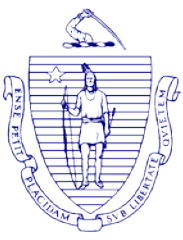
### Instructions for a Food Truck Permit and Food Truck Inspection

- Food Truck Permits must be applied for online through the Boston Fire Department portal at: <https://www.boston.gov/departments/fire-prevention>
- Once the Food Truck Permit has been applied for online through the Boston Fire Department portal you must schedule a Food Truck Inspection with the Boston Fire Department.
- Food Truck Inspections are by appointment only Monday through Friday from 8am-11AM.

### To schedule a Food Truck Inspection:

Call or email Kristina Grublin at 617-343-3447 or  
[Kristina.Grublin@Boston.gov](mailto:Kristina.Grublin@Boston.gov)

Thank You  
Boston Fire Department  
Fire Prevention Division  
Special Hazards Unit



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and***

***correct.*** Signature Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (check one):**

- 1. Board of Health    2. Building Department    3. City/Town Clerk    4. Licensing Board
- 5. Selectmen's Office    6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



Commonwealth of Massachusetts  
 Division of Standards  
 One Ashburton Place, Rm 1115  
 Boston, MA 02108  
 617-727-3480  
**REG FEE \$62.00 or**  
**SPECIAL FEE \$2.00**

FOR INTERNAL USE ONLY:
LICENSE #: _____
ISSUE DATE: _____
ISSUED BY: _____

**HAWKER/ PEDDLER and SPECIAL HAWKER/PEDDLER LICENSE APPLICATION**

This application must be completed as directed, duly signed, and returned to the Division of Standards with the fee of **\$62.00** if applying as a Hawker/Peddler or **\$2.00** if applying as a Special Hawker/Peddler and supporting documents, before a license will be issued. The forms of payment accepted are personal, business or bank checks, and money order. Make check or money order payable to: **Commonwealth of Massachusetts**. All licenses issued are subject to local rules and regulations. See G.L. c. 101.

**NOTE: You may also register online to pay with a credit/debit card or electronic check at [www.mass.gov/standards](http://www.mass.gov/standards)**

**Checklist:**

- Signed certificate of character by Chief of Police
- If applicant a disabled Military veteran, please attach a certified U.S. Veteran’s Administration Form to this application.
- If applicant is visually impaired, please attach a Certification of Blindness to this application.

Are you a disabled Military veteran? YES  NO  If YES, please provide a certified U.S. Veteran’s Administration Form.

Are you visually impaired? YES  NO  If YES, please provide a Certificate of Blindness.

Type of Goods Sold: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#/Fed. Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you use a motor vehicle? YES  NO  If YES, what is your registration number, year, make, and model?

\_\_\_\_\_

Have you had a license to peddle within the last five (5) years? YES  NO

If YES, what was the license number? \_\_\_\_\_

**Have you been convicted of a misdemeanor or a felony during the past 12 months in any U.S. or foreign jurisdiction? If so, give details below.**

\_\_\_\_\_  
 \_\_\_\_\_

**Have there been any formal complaints against you where disciplinary action was taken by the Division of Standards or any court judgment was issued against you? If so, give details below.**

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**Has any local, state or federal agency taken any disciplinary action against any license you have? If so, give details below.**

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**Have you ever applied for and been denied a professional license by any local, state or federal agency? If so, please give details below.**

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**Pursuant to G.L. c. 62C, § 49A, I certify under pains and penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support, that I have complied with all local permit and license requirements, and that all statements contained in this application, to the best of my knowledge and belief, are true.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Character:** Must be signed by Chief of Police of the city or town in which applicant resides.

I, the undersigned, \_\_\_\_\_ of the City/Town of \_\_\_\_\_, hereby certify to the best of my knowledge and belief that \_\_\_\_\_, named applicant, is of good repute for morals and integrity.

Signed: \_\_\_\_\_, Chief of Police Date: \_\_\_\_\_