

FOR BOARD OF HEALTH USE ONLY

Check# _____ Fee Paid _____ Approved By _____

App #: _____

Permit #.: _____

TOWN OF WAYLAND

Mobile Food Truck

(Application must be submitted at least 30 days before the planned opening date.)

Application fee is **\$100.00 for annual or \$35.00 per event**; make check payable to Town of Wayland; payment must accompany Application. **A completed Workers Comp Affidavit if exemption OR a Workers Comp Declaration Page, must be attached to this Application along with State License, Allergen Cert, Serve Safe, Local Town Food Permit where you are licensed, Menu, Labels of any pre-packaged foods, and Dish washing process outlined and a drawing of your internal truck work area, and registration of the truck.**

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Telephone No:	Fax No:															
4) Establishment Mailing Address (if different):																
5) Telephone No. at Mailing Address:	Fax No:															
6) Applicant Name & Title:																
7) Applicant Address:																
8) Applicant Telephone No:	24 Hour Emergency No:															
9) Applicant Email Address:	TRUCK REGISTRATION #															
10) Owner Name & Title (if different from applicant):																
11) Owner Address (if different from applicant):																
12) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	13) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address												
Name	Title	Home Address														
14) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)																
Name & Title:																
Address:																
Telephone No:	Fax No:															
Emergency Telephone No:																
Email Address:																
15) District Or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax No:															
Email Address:																

Food Establishment Information

16) Water Source: DEP Public Water Supply No: (if applicable)		17) Sewage disposal: 17b) Grease Trap vendor & schedule:			
18) Days and Hours of Operation:		19) No. of Food Employees:			
20a) Person In Charge Certified in Food Protection Management and Date of Certification (5 yrs): <i>Please attach copy of certificates.</i> 20b) Name of Person and Date of Allergy Video Certification (5 yrs): <i>Please attach copy of certificates.</i>					
21) Name of Person(s) Trained and Dates of Certification In Anti-Choking Procedures (if 25 seats or more (2yrs)): <i>Please attach.</i>					
22) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		23) Establishment Type (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Retail (_____ Sq. Ft) <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ Meals/Day) </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer </td> </tr> </table>		<input type="checkbox"/> Retail (_____ Sq. Ft) <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer
<input type="checkbox"/> Retail (_____ Sq. Ft) <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer				
24) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:		Other (Describe)			
25) Food Operations: (check all that apply):		Definitions: <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHFs – 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"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.			
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility			
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill			
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)			
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.			
<input type="checkbox"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service			
Other (Describe):		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

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 Food Code.

26) Signature of Applicant: _____ Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid state taxes required under law.

27) Social Security Number or Federal ID: _____

28) Signature of Individual or Corporate Name: _____