



Town of Holbrook
Board of Health
50 North Franklin Street
Holbrook, Massachusetts 02343

Tel: 781-767-3030
Fax: 781-767-9562

Application for Permit to Operate a Mobile Food Service

Fee: \$150-Seasonal /// \$200-Yearround

Date: _____

Name of Mobile Food Service: _____

Business Address: _____

Type: _____

Business Phone Number: _____

Days & Hours of Operation: _____

Name or Title of Applicant: _____

Name of Owner & Phone Number: _____

Mailing Address (if different from above): _____

If a corporation or partnership, give name, title, address, and phone number of partners:

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Name of person(s) certified in ServSafe as required under the Food Code (Please attach certificate(s)): _____

Answer the following questions to complete the permit application process:

Food is prepared or cooked on site: Yes ☐ No ☐. If yes, describe the equipment being used to cook the food.

Is propane used for cooking: Yes: ☐ No: ☐ If yes, a permit from the Holbrook Fire Dept may be required.

Food is cooked off site: Yes ☐ No ☐ If yes, where is the food cooked?

Pots, pans, utensils and dishes are washed on site: Yes ☐ No ☐ If yes, describe ware washing process.

Describe Equipment and method of holding food hot (145° F or above):

Describe Equipment and method of holding food cold (41° F or below):

Refrigeration: Required: ☐ Not Required: ☐ If required, describe the method of refrigeration?

Describe Measures to Protect Food from Contamination During Preparation, Storage, and Display:

Describe Means for Storage and Disposal of Rubbish, Garbage and Grease:

Provide the number of Food Handlers.

Describe the food protection training level of the food handlers.

Provide the number and describe the location of hand washing facilities.

Provide the number and describe the location of the toilet facilities:

Does the PIC have a valid Food Protection Manager or ServSafe Certificate? Yes ☐ No ☐

Will Hair Restraints be provided to the food handlers? Yes ☐ No ☐

Will Disposable Gloves be provided to the food handlers? Yes ☐ No ☐

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Be sure to verify compliance with all Federal, State and Local regulations.

**By signing below, I understand to the above, agree and to the best of my ability comply with the terms
