



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
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Application to Operate a Mobile Food & Catering Establishment

Mobile Food Unit Fee: \$100

Catering Establishment Fee: \$50

Check to be Made Payable to the Town of Sturbridge

Mobile food units and pushcarts shall operate in compliance with 105 CMR 590.000 – Minimum Sanitation Standards for Food Establishments

INCOMPLETE APPLICATIONS WILL BE RETURNED

Completed applications must be received 30 days in advance of anticipated operation

APPLICANT INFORMATION

Name of Applicant: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____ Email: _____

BUSINESS INFORMATION

Name of Business: _____

Address of Business: _____

Mailing Address: _____

Owner/Operator Name: _____

Business Phone Number: _____ Email: _____

BASE OF OPERATION (If out of town, provide proof: permit, license or recent inspection report)

Name of Business: _____

Address of Business: _____

Owner/Operator Name: _____

Phone Number: _____ Email: _____



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DEFINITIONS:

- Mobile Food Unit: Vehicle-mounted food establishment designed to be readily moveable
- Pushcart: Non-self-propelled vehicle limited to the following: service of non-potentially hazardous foods, service of wrapped food preparation at a food processor or food service establishment and maintained at proper temperatures or preparation and service of frankfurters.

RESTRICTIONS:

- Food preparation is not permitted on pushcarts, except for frankfurters.
- A potable water system is required on any mobile food unit that handles unwrapped bulk foods and/or conducts any food preparation including reheating (with the exception of frankfurters).
- Food items must be obtained from a facility holding a food processor license or a food establishment permit. Potentially hazardous foods (PHF's) may not be prepared in a residential kitchen or private home.
- Mobile food units and pushcarts must operate from a base of operations with complies with the requirements of 105 CMR 590.000.

REQUIRED DOCUMENTATION:

- ☐ Provide full menu of all items offered
- ☐ Proof of commissary/leased kitchen if out of town
- ☐ Four (4) photographs (back, front, left and right sides) of mobile food unit/pushcart. Lettering/license plate should be easily legible and proof of insurance.
- ☐ If equipped with propane, fryolator, etc., a fire extinguisher that meets fire department regulations.
- ☐ List of dates and locations of scheduled events
- ☐ Copy of Food Manager Certification
- ☐ Copy of Allergen Awareness Certification



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AT TIME OF INSPECTION, THE MOBILE FOOD UNIT/PUSHCART MUST:

- ☐ Have a finished interior and exterior with properly installed equipment in working order.
- ☐ Be fully operational (e.g., all water tanks must be filled and all equipment operating)
- ☐ Have protective dispensers for bulk condiments and single service articles which are not individually wrapped.
- ☐ Have the name and address displayed one each of the vehicle in letters at least three (3) inches in height. (Identical units bearing the same name and logo should each bear a unique identifying number.)
- ☐ Be operated by an individual who is neat and clean in appearance, and who wears a full-length apron, smock or uniform and effective hair restraint.

FOOD STORAGE & HANDLING

1. Explain how cold foods are kept cold during storage and service _____

2. Is time as a method of control in use for any temperature control for safety foods? Explain:

3. Are there any raw proteins stored or prepared on the mobile unit? _____

4. Explain how hot foods are heated and held for service _____

CONSTRUCTION

1. Is the unit constructed and arranged so that food, drink and utensils will not be exposed to insects, rodents, dust or other contaminants? YES _____ NO _____

2. Are protective covers provided for unwrapped foods on display? YES _____ NO _____



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WATER SYSTEM/WASTE RETENTION

1. Is there a hand sink with hot and cold potable water on board? YES _____ NO _____
2. Describe any other sinks on board: _____
5. Size of water supply tank: _____ gallons.
6. Size of waste retention tank: _____ gallons. (NOTE: should be 15% greater than water tank.)
7. How and where will the liquid waste from the retention tank be disposed of? _____

**PLEASE SUBMIT COMPLETED QUESTIONNAIRE WITH PERMIT APPLICATION. IF YOU
HAVE ANY QUESTIONS PLEASE CONTACT THE HEALTH DEPARTMENT.**

**An inspection of the mobile unit must be conducted before operation. Please schedule a time with
the Health Department for a pre-operational inspection.**

By signing this form, I acknowledge that I have read and understand all of the above statements.

Name: _____

Signature: _____

Date: _____