

TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH



Division of Environmental Health
11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
Website: www.brooklinema.gov/health

MOBILE FOOD SERVER
Fee: \$60.00

To Sell on Public Streets± To Sell on Private Property To Sell at Temporary Event

Name of Vehicle: _____

Owner/Operator: _____ Telephone: _____

Firm Name: _____

Address: _____ Zip: _____

Day & Hours of Operation: _____ E-Mail: _____

Proposed Locations: _____

Certified Food Manager: _____

By: _____ (Attach Certificate)

Base of Operations Address: _____

(I.e. Commissary)

*List Food Items to be Sold: _____

Type of Vehicle: _____ State Number: _____

State Hawkers License #: _____

Water System: Hot & Cold water under pressure: Yes: No:

Capacity of water supply tank: _____ gals Capacity of Waste Retention tank: _____ gals

List all suitable toilet facilities along route:

– Page Over –

OFFICE USE ONLY:

Date Received: _____

Amount Paid: _____

San. Approval: _____

Chief Approval: _____

Permit #: _____

Decal #: _____

Check: _____

***Refer to new Town By-Law Requirements Restricting Trans Fat (Attached)**

As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement (establishments no required to comply with this coverage requirement must submit copies of the Dept of Industrial Accidents affidavit form with this application)

Yes: _____ No: _____

I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required by law. (MGL Chap62Cs 49A)

APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE PLANNED ACTIVITY.

FOOD CARTS/VEHICLES MUST BE INSPECTED AT LEAST 10 DAYS BEFORE PLANNED ACTIVITY.

Date of Application

Signature