



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Mobile Food Establishment – Plan Review Packet

***Non-refundable Fee: \$200 (Payable to: Town of Foxborough)**

***Fees must be submitted 30 days before construction/start date. No application will be accepted without required fee.**

Office Use Only:

BHP#: _____

DATE: _____

FEE: _____

Plan Approval Date: _____

- Please check one: New (yet to be constructed) or Remodel
 Existing Unit
- Mobile Unit Type: Vehicle/Truck Ice Cream Truck Trailer/Attachment
 Pushcart (non-vehicle) Other: _____

Projected Construction Start Date: _____ or NA

Projected Construction Completion Date: _____ or NA

1. Name of Mobile Unit: _____
(as it appears on the vehicle)
2. Establishment Address: _____
3. Name of Owner: _____
4. Owner Mailing Address: _____
5. Owner Phone Number: _____
6. Owner E-mail: _____
7. Do you have a current State-issued Hawkers & Peddlers License? Yes No N/A
8. Operating location(s) in Foxborough: _____
(Mobile units located on private property must have approval from the Owner of the property. This approval must be in writing and accompany this application)

9. List all operating days/times or special events: _____

10. Does your mobile unit have proper identification?

- Individual and/or Business Name, City, Phone # (Min. 3" lettering)? Yes No
- On the left and right panels of the mobile unit? Yes No

11. Base of Operation (Commissary): _____

(In accordance with 105 CMR 590.009(B)(12) all mobile food operations shall operate from a fixed licensed food establishment or food processing plant and shall report at least daily to such locations for all food, water and supplies and for all cleaning and servicing operations)

(You and the Commissary you have chosen must have a written agreement stating they are allowing you to use their space and detailing the resources available to you. This written agreement must accompany this application. A copy of the Commissary's current food establishment license is also required)

12. Briefly describe foods to be offered: _____

(A menu must accompany this application)

13. Briefly describe food sources (Company Name(s)): _____

14. Briefly describe all food preparation activities occurring on the mobile unit: _____

15. Name of Certified Food Manager: _____

(A copy of the certificate must accompany this application if serving any potentially hazardous foods)

16. Will raw proteins be stored and subsequently cooked to order on your mobile unit?

Yes No N/A

17. Describe your mobile unit's toilet facilities available to you at your location(s) of service:

(Operators of mobile units must have access to adequate and sanitary restrooms. The Owner of the restroom you will be utilizing must give their approval by completing the attached "Restroom Facility Agreement". This agreement must accompany this application)

18. Describe your mobile unit's hand washing facilities: _____

19. Is there adequate protection between the mobile unit hand washing facilities and on-site food prep/clean areas? Yes No

20. Will you be providing seats for your customers? Yes No

• If yes, how many seats? _____

21. Briefly describe on-site garbage collection and final disposal location: _____

22. Number and size of available mechanical refrigeration/freezer units:

23. Is all equipment ANSI-certified (i.e. NSF, UL, ETL)? Yes No

24. Power source for equipment: Internal vehicle generator Propane attached to truck
 Portable generator Portable propane (ground use)

25. Is your mobile unit equipped with a ventilation hood system? Yes No N/A

• If yes, have you contacted the Fire Department for approval/inspection Yes No

26. Briefly describe the materials used as it relates to your mobile unit's physical facilities;

• Floors: _____

• Walls: _____

• Ceilings: _____

• Ground (parking) surface: _____

27. Are screens available on your mobile unit's doors and windows? Yes No N/A

28. Size of potable water holding tank (gallons): _____

29. Size of wastewater holding tank (gallons): _____

30. Drain provided for waste tank? Yes No

31. Is your mobile unit equipped with a 3-bay sink? Yes No N/A

32. Is your mobile unit equipped with a grease trap? Yes No N/A

33. Are all light fixtures shielded? Yes No

**The following documents must be submitted
along with this Plan Review application:**

- 1) Plans must be clearly drawn to a scale of 1/4 inch = 1 foot and a minimum 11 x 17 inches in size and include these items below:
 - The floor plan (equipment layout) must identify: ALL equipment, location of potable water and waste water holding tanks, and All equipment must be clearly numbered or otherwise easily identified and cross-keyed with the equipment list.
- 2) Mobile unit menu. Review of the menu will confirm compliance related to the allergy awareness statement, as well as the consumer advisory requirements (if applicable).
- 3) Certified Food Manager Certificate (as applicable)
- 4) Allergy Awareness Certificate
- 5) State-issued Hawkers and Peddlers License (as applicable)
- 6) Commissary Agreement (i.e. written and signed contract, memorandum of understanding (MOU), etc.)
- 7) Restroom Agreement
- 8) Property Owner Approval
- 9) Mobile Food Application with Worker's Compensation Affidavit (for annual permit)
- 10) Mobile unit vehicle registration

Additional Notes:

- All new mobile units expected to serve at permanent and/or multiple locations throughout the Town, must appear in front of the Board of Health. Call the office to be placed on the next agenda.
- Links to both the Federal 1999 Food Code and 105 CMR 590.000 can be found under the "Regulations & Helpful Information" section of the Health Department website. Go to www.foxboroughma.gov to get started. It is required that a copy (in electronic or hard copy form) must be onsite at all times.
- As referenced in 8-304.20, permits are not transferable. The Board of Health must be notified within 48 hours after any change in ownership AND at least 30 days prior to any change in name, location, or addition of a new operation or significant equipment/mobile unit change or remodel.
- Prior to the start of your operation, the Board of Health shall conduct a pre-operations inspection to ensure compliance with all State and Federal Food Codes. Your mobile unit may not begin operation until you have written approval from the Foxborough Health Department following these inspection(s).

Attachments:

Attachment A - State Sanitary Code Excerpt (Mobile Food Operations – 105 CMR 590.009(B))

Attachment B - Commissary Agreement

Attachment C - Restroom Facility Agreement

Attachment D - Annual Mobile Food Application

Approval of this plan review by the Foxborough Health Department does not indicate compliance with any other federal, state, or local code, law or regulations that may be required. It further does not constitute endorsement or acceptance of the mobile establishment as a whole or in part.

The Board of Health may require additional information following the plan review process based on the type of operation and menu.

I, the undersigned, attest to the accuracy of the information provided in this application and understand that if any changes are made to the plans or the above information without permission from the Foxborough Health Department may nullify this approval. 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 and understand they must be accessible on site at all times.

Owner or responsible representative

Date

Title

<i>For office use only</i>	
Zoning Approval _____	
Board of Health Meeting _____	

**State of Massachusetts – Department of
Public Health
105 CMR 590.000
State Sanitary Code - Special Requirements**

Mobile Food Operations [105 CMR 590.009(B)]

- 1) Mobile food operations shall comply with the requirements of the federal 1999 *Food Code* and other applicable provisions of 105 CMR 590.000 except as otherwise provided in 105 CMR 590.009(B). The board of health may impose additional requirements and restrictions to protect against health hazards related to the conduct of the mobile food operation and may prohibit the sale of some or all potentially hazardous foods.
- 2) Mobile food operations not equipped with an adequate water and waste system to facilitate hand-washing and the cleaning and sanitizing of utensils shall be limited to the preparation and service of frankfurters and non-potentially hazardous foods and to the sale of pre-packaged food pre-prepared at a food processing establishment licensed in accordance with 105 CMR 500.000, except that pre-packaged food may be prepared by the mobile food operator at a licensed food establishment for which he or she holds a permit in accordance with 105 CMR 590.000.
- 3) Mobile food operations equipped with an adequate water and waste system to facilitate hand-washing and the cleaning and sanitizing of utensils may prepare potentially hazardous foods requiring limited preparation for immediate service, provided that any advanced food preparation, if necessary, is conducted by the mobile operator in a licensed food establishment.
- 4) Mobile food operations shall provide only single-service articles for use by the consumer.
- 5) Condiments, cream and sugar shall be served only from a sanitary dispenser or in individually wrapped servings.
- 6) Mechanical refrigeration or insulated containers with ice or gel packs must be used to maintain product temperature for pre-packaged, ready-to-eat foods which are required to be held at or below 45°F(7°C) or 41°F(5°C). The storage of packaged food in contact with water or undrained ice is prohibited. Wrapped ready-to-eat foods such as sandwiches shall not be stored in direct contact with ice. Effective July 1, 2005, all mobile food operations selling or distributing ready-to-eat PHFs must be equipped with mechanical refrigeration that can maintain PHFs at or below 41°F(5°C).

- 7) Bulk food shall not be used unless purchased from an approved source. Bulk PHFs, with the exception of frozen desserts, must be sold or served on the same day as purchased. All hot food shall be discarded if not used or sold by the end of the day.
- 8) A convenient hand-washing facility must be available on site for employee hand-washing whenever handling unpackaged foods. This facility shall consist of at least sufficient warm running water, soap and individual paper towels. The board of health may approve the use of chemically treated towelettes in lieu of hand-washing facilities if only frankfurters, non-potentially hazardous foods and non-perishable foods are served and there is no bare-hand contact. Chemically treated towelettes must be made available for use by customers in self-service operations.
- 9) A sign shall be provided at consumer self-service operations, which states that the use of bare hands by consumers for self-service is prohibited by state law.
- 10) Equipment:
 - (a) Equipment shall be located and installed in a way that prevents food contamination and that also facilitates cleaning the equipment and establishment.
 - (b) Food-contact surfaces of equipment shall be protected from contamination by consumers and other contaminating agents. Effective shields for such equipment shall be provided, as necessary, to prevent contamination. Mobile food operations, which cook or reheat unpackaged food for hot holding shall be fully enclosed unless equipped with air curtains to prevent the contamination of food and food contact surfaces with environmental contaminants.
 - (c) Ware-washing facilities, when required, shall be available in accordance with the federal *1999 Food Code* for cleaning in-use utensils and food contact surfaces.
- 11) Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available.
- 12) Mobile food operations shall operate from a fixed, licensed food establishment or food processing plant and shall report at least daily to such locations for all food, water and supplies and for all cleaning and servicing operations. Mobile food operators shall retain the list of ingredients and the receipt for all bulk foods, which must indicate the name of the food item, the date purchased and the name of the approved food source licensed in accordance with 105 CMR 500.000.
- 13) Servicing areas shall be provided with over-head protection except that areas used only for the loading of water, packaged food or the discharge of sewage and other liquid waste, through the use of a closed system of hoses, need not be provided with overhead protection.
- 14) Mobile food operations shall have identification, i.e., person's name and/or business name, city and telephone number in letters not smaller than three inches, on the left and right door panels of the vehicle or on the left and right sides of the trailer or pushcart.

Commissary Agreement

It is required that the operator of a Mobile Unit have a base of operation (Commissary) at a licensed kitchen facility. Home kitchens will not be allowed. The use of this Commissary is an essential part of a mobile food operation and allows the Operator to store food, clean equipment, dispose of wastes, and other servicing activities at this location. By signing this Agreement, you as the Commissary Owner/Operator are allowing the Mobile Owner/Operator to use your kitchen facility for these services.

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give my permission to _____ of _____
(Mobile Unit Owner/Operator) (Name of Mobile Unit)

to use my kitchen/establishment facilities to perform the following tasks as it relates to the safe and sanitary operation of their mobile unit:

- Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- Warewashing
- Filling of water tanks
- Dumping of waste water
- Storage of all foods, single service items, and cleaning agents
- Service and cleaning of equipment
- Disposal of fats, oils and grease
- Other (specify) _____

I attest that I hold a current food license and am in good standing with my local Board of Health.

Signature: _____

Date: _____

Print: _____

Commissary Contact Phone #: _____

Commissary E-mail Address: _____

(A copy of the Commissary's current food license must accompany this form)

This Commissary Agreement is valid for this calendar year only

Questions???

Contact the Foxborough Board of Health

(508) 543-1207

RESTROOM FACILITY AGREEMENT

(Required for all Mobile Food Operations)

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. *105 CMR 590.009 (B) (11)*

This document serves as a "memorandum of understanding" between the **Owner of the Restroom** and the **Mobile Food Vendor/Temporary Event Coordinator**.

Conditions and Responsibilities:

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft. of the mobile vending unit.

Owner of Restroom (written approval) - sign below....

I, _____, have read and understand the items of
Owner of Restroom

responsibilities listed above and agree to comply with all of the requirements. I give permission

to _____ to use my establishment,
Mobile Food Vendor/Temp Event Coordinator

_____, located at _____,
Business Name Business Address

as their main restroom facility.

I understand that I, as the **business/restroom owner** need to notify the Foxborough Board of Health should I be unable to honor this agreement for any period of time, and that I, as the **mobile food vendor/temporary Event Coordinator** need to find alternative arrangements and inform the Foxborough Board of Health in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: _____

Title (e.g. owner, manager): _____ Date: _____ Phone Number: _____

Signature of Mobile Food Vending Unit/Temporary Event Coordinator: _____

Date: _____ Phone Number: _____



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Office Use Only:

BHP#: _____

Date: _____

Fee: _____

Mobile Food & Beverage Permit Application

*****IMPORTANT:** Annual permit renewals - submit by December 1st. For all new establishments, submit 30 days prior to event/start date. Applications received after these dates are subject to a \$200 late fee

PERMITS ARE NON-TRANSFERABLE

Fees: Mobile Food: \$100.00	Mobile Beverage: \$25.00
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1. MOBILE TYPE (Please check the one that most closely describes your operation)

- Food Truck/Trailer/Pushcart
 Limited sampling of packaged food and/or beverages

2. MOBILE UNIT INFORMATION

Company OR Mobile Unit Name: _____

Company/Mobile Unit Address: _____

Mailing Address (if different): _____

3. APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

Mailing Address (if different): _____

Applicant Phone #: _____

Applicant E-mail: _____

4. OWNER INFORMATION (if different from applicant)

Owner Name (if different from applicant): _____

Owner Address: _____

Owner Mailing Address (if different): _____

Owner Phone #: _____

Owner E-mail: _____

5. EMERGENCY INFORMATION

24 hour Emergency Contact Name: _____

24 hour Emergency Contact Phone #: _____

6. ADDITIONAL INFORMATION

● Location and/or events the food/beverage will be served: _____

● Brief description of food/beverage to be served AND its source: _____

(If serving potentially hazardous foods, a certified food manager certificate (CFM) must accompany this application)

● If you are a mobile unit, do you have a Commissary (base of operation)?

Yes No Not a mobile unit

Commissary Name: _____

Address: _____

(A copy of the Commissary's current food license must accompany this application, as applicable. If you have a permanent location in Foxborough, please supply a Commissary Agreement on an annual basis)

● If you are a mobile unit, will you be serving food at a "permanent" location in the Town of Foxborough?

Yes No Not a mobile unit

Location: _____

● If you are a mobile unit, is the vehicle equipped with a ventilation hood system?

Yes No Not a mobile unit

If yes, I affirm I have contacted the Fire Department for any necessary permits/certificates as applicable. Yes No

- Describe the bathroom facilities that will be available to you during your event(s):

(Please note, if you have a permanent location, complete and attach the Restroom Agreement. This must be completed on an annual basis)

- Describe the hand washing capabilities associated with your mobile operation:

*****Required Attachments*****

1. Certified Food Manager (CFM) Certificate (if serving potentially hazardous foods)
2. Allergy Awareness Certificate
3. Current food license of Commissary (as applicable)
4. Written Commissary Agreement (as applicable)
5. Completed and signed Restroom Agreement (as applicable)

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. **BOTH COPIES MUST BE KEPT ON SITE AT ALL TIMES.***

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

Signature of Individual or Corporate Name: _____

Social Security Number or Federal ID Number: _____

Date: _____

***Links to both the Federal Food Code and 105 CMR 590.000 can be found under the "Regulations & Helpful Information" section of the Health Department website. Go to www.foxboroughma.gov to get started.**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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 Section 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 #: _____

<p>Official use only. Do not write in this area, to be completed by city or town official.</p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia