



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 1<sup>st</sup>. 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**

<b>Fees:</b> 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 (or the specific event) the food/beverage will be served:

\_\_\_\_\_

- List ALL dates the food/beverage will be offered:

\_\_\_\_\_

- Brief description of food/beverage to be served AND where the food is coming from:

\_\_\_\_\_  
\_\_\_\_\_

***(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):

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*(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:

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**\*\*\*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](http://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><b>Are you an employer? Check the appropriate box:</b></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><b>Business Type (required):</b></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><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):          1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office          6. Other _____</p>	
Contact Person: _____	Phone #: _____

# 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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

## **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)***

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**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.

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**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.

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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: \_\_\_\_\_