Town of Princeton

Board of Health
6 Town Hall Drive
Princeton, MA 01541
(978) 464-2104 (office) (978) 464-2106 (fax)

MOBILE FOOD PERMIT APPLICATION

Name of Business_____

Business address_____Town/Zip_____

Phone _____Email_____

Name of Applicant_____ DOB _____
Note: Applicant must be 18 years of age or older.

Address of Applicant_____

Applicant phone number _____ Email_____

Name of owner of building/location where Mobile Truck will be parked (if different from applicant)

_____

_____

Emergency response contact_____

Type of Food Operation (Check made out to: Town of Princeton)

☐ Mobile Food - Seasonal: $150.00

☐ Mobile Food - One Day Event: $ 50.00

☐ I have read the attached Mobile Food Licensing requirements, and all documents are provided with this application.

Number of toilet rooms _____

Type of dishwasher (high or low temp) _____

Number of grease traps _____

Disposal of garbage or rubbish _____

Number of refrigerators _____

Number of Freezers_____.

Number of hand sinks_____ Number of 3 basin sinks_____

Water source_____ Water Test Results provided: Yes___ No____

Days and hours of operation _____

Number of food Service Employees_____

Is a pest control program planned? Yes _____ No_____

Pest control company name & address_____

You are advised to contact all town departments to determine additional permitting or licensing requirement (Building Inspector, Board of Selectmen, Planning Board, Fire Department, etc.)

Limited to serving menu items that have been approved by the Princeton Board of Health.

The approved use of the proposed location will be based on the approved capacity of the on-site sewage disposal system, if the site is served by an onsite sewage disposal system.

Permits expire on December 31st, unless otherwise specified.

I hereby acknowledge that I am aware of and will obey by all regulations including Title V (if applicable), The Federal Food Code and the Minimum Sanitation Standards for Food Establishments State Sanitary Code 105 CMR 590.000 595.000.

I will not make any changes to the establishment without notifying the appropriate departments.

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 tax returns and paid state taxes under law.

Signature: _____ Date: _____

Certificate of Compliance

Proving Compliance with the Workers' Compensation Act

Section 25C of Chapter 152 Massachusetts General Laws requires that every local licensing agency withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings or the renewal of such a license or permit, you must supply one of the following by attaching it to the CERTIFICATE OF COMPLIANCE.

Please check one:

( ) A Certificate of Insurance showing workers' compensation insurance in effect as of the date upon which issuance or renewal of a license or permit is requested.

( ) A copy of a policy of workers' compensation insurance in effect as of the date upon which the issuance or renewal of the license or permit is requested.

In certain circumstances listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

COMMONWEALTH OF MASSACHUSETTS (COUNTY OF WORCESTER)

( ) I am self-employed and have no employees who work for me, and do all of the work of my business, named _____ at _____, Princeton, myself. Therefore, I am not required to obtain workers' compensation insurance.

( ) I and _____ are the owners of the business named _____

_____ at _____,

Princeton and we have no employees. Therefore, we are not required to obtain workers' compensation insurance. I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____, 20___.

Signature: _____

Sworn and subscribed before me this _____ day of _____, 20____.

_____

Notary Public

Commission Expires: