



BURLINGTON BOARD OF HEALTH

61 Center Street

Burlington, MA 01803

Tel: 781-270-1955 Fax: 781-273-7687



Public Health
Prevent. Promote. Protect.

Mobile Food Establishment Plan Review Application

Ice Cream Truck Operators: You must obtain your Ice Cream Truck Vending Permit issued by the police department in the town or city in which you live. Bring two color photos with you to the police station for your permit issued by the police. The vending permit must have your photo, an issue date and expiration date. Provide a copy of this vending permit with this application. Post the original in your truck. The Board of Health cannot conduct an inspection and issue a permit without this. (Dept. of Public Safety; State Regulation 520 CMR 15.00)

All Other Mobile Food Establishment Operators: You must contact Captain Kirchner of the Burlington Police Department at 781-505-4924 to schedule your background check. The fees for the background check are: \$70.00, made out to “Town of Burlington” and \$30.00, made out to “Commonwealth of MA”. Only bank checks or money orders are accepted at the Burlington Police Department. **This can take up to 14 days so start this process now.** Please contact Captain Kirchner with any questions. (Town of Burlington, General Bylaws, Article XIII, section 8.0)

All Mobile Food Establishment Operators using Propane and/or have Hood Ventilation Systems: Contact the Burlington Fire Department, Fire Prevention Services for an inspector prior to your inspection with the Board of Health. Contact Eileen at: 781-270-1924 to schedule an appointment.

Complete the attached Plan Review Application, Servicing Area Agreement, Workers Compensation Insurance Affidavit and contact Marlene Johnson of the Burlington Board of Health, 781-270-1949 to schedule an inspection. The permit fee is \$50.00 made out to “Town of Burlington”. The Burlington Board of health will accept personal and business checks, money orders or you may pay online at www.burlington.org go to “Online Payments” and follow instructions. List the name of the truck as the business name so we know where to apply the fee.

Day of Inspection- Have the Following Available:

- Above mentioned paperwork including permit fee
- Copy of Ice Cream Truck Vending Permit (ice cream trucks only)
- Hawkers/peddlers license (if applicable)
- Vehicle registration
- Copy of certified food protection manager certificate (if applicable)
- Copy of allergen awareness training certificate (if applicable)
- Moist towelettes (for ice cream trucks selling only packaged food)
- Working hand wash sink w/soap, paper towels, hot & cold running water
- If cleaning utensils, pots, pans, etc.... on vehicle, provide ware wash sink (3 bay sink) with detergent, sanitizer and test kit
- If making frozen yogurt or making ice cream, provide a copy of last laboratory test result

Review “Retail Food Code Standards for Mobile Food Establishments”. A copy can be found on our webpage; www.burlington.org – Board of Health – Regulations/Permit & License Applications – Mobile Food Establishments.

Mobile Food Establishment Plan Review Application

Type: Mobile Kitchen Canteen Truck Ice Cream Truck Trailer Pushcart

Business Name on Vehicle: _____		
Name of Owner: _____		
Business Mailing Address: _____		
Street	City	State and Zip Code
Phone: _____	Email: _____	

Hawkers/Peddlers License Number: _____		
Registration/Plate Number: _____	State: _____	
Make, Model & Year of Vehicle: _____		
Name of Serving Area (commissary/restaurant): _____		
Address: _____		
Street	City	State and Zip Code

Food Operations - Check One:

- Sale of prepacked foods only (ice cream truck)
- Sale of unpackaged non-TCS¹ foods
- Sale of prepackaged foods and limited food preparation (i.e. hamburgers, hot dogs, frozen yogurt)
- Menu items are Stored, Prepared & Served
- Menu items are Stored, Prepared, Cooked and Served
- Menu items are Stored, Reheated, Held Hot & Served
- Menu items are Stored, Prepared, Cooked, Cooled, Reheated, Held Hot & Served

Describe foods sold or include a menu:

Toilet facilities with a hand wash sink provided at vending location(s) Yes No

¹ Non-Temperature Control for Safety Foods (foods do not require refrigeration for safety reasons)

List vendors where food is purchased

Town/City & State

Hand and Ware Washing Facilities on Vehicle

Size of Holding Tank for POTABLE water: _____

Size of Holding Tank for WASTE water: _____

Drain provided for waste water tank: Yes No

Hand wash sink has hot & cold water: Yes No

Ware wash sink provided with drain boards: Yes No

Hot & Cold Holding Equipment on Vehicle

Number of refrigeration units: _____ Number of freezer units: _____

Will ice be used to keep food cold? Yes No List food(s): _____

Will a steam table be used to keep hot foods hot? Yes No

List other hot holding equipment use: _____
Type How Many

Cooking Equipment on Vehicle (check all that apply)

Stove Convection Oven Microwave Oven Pizza Oven Grill Fryer

Rice Cooker Steam Kettles Broiler Rotisserie Other _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food establishment will comply with 105 CMR 590.000 and all other applicable laws. I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 62C, sec. 49A.

Signature: _____ Print: _____ Date: _____

SERVICING AREA¹ AGREEMENT

Mobile Food Establishment Name: _____

Owner(s) Name: _____

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The facility listed below will be providing the following services to the above mentioned business owner/operator on a DAILY BASIS WEEKLY BASIS

OTHER, EXPLAIN: _____

Approved Potable Water Source

Food Preparation Area

Waste Water Disposal

Food Storage Area

Cleaning Area for MFE²

Utensil Washing Area

Overnight Storage of MFE

Equipment and Utensil Storage Area

Overnight Refrigeration

Prepackaged Foods for Retail Sale

SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

FOOD ESTABLISHMENT PERMIT ISSUED BY: _____
(ATTACH COPY OF PERMIT/LICENSE ISSUED BY REGULATORY AGENCY)

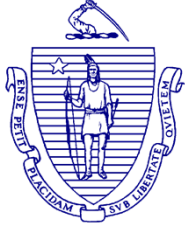
I give my permission to the above listed Mobile Food Establishment Owner/Operator to use my establishment located at the above address.

SIGNATURE: _____ DATE: _____

TITLE: _____

¹ An operating base location to which a mobile food establishment returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, storing food and food preparation in some instances.

² Mobile Food Establishment



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 #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. 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]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*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 #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____