



TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
878 TREMONT STREET
DUXBURY, MASSACHUSETTS 02332-4499

APPLICATION FOR PERMIT To Operate a Mobile Food Service and/or Ice Cream Truck

Fee Due: \$65

Permit No.: _____

TO THE PERMITTING AUTHORITIES:

The undersigned hereby applies for a Permit in accordance with the Rules and Regulations of the Massachusetts Department of Public Health Relative to the Operation of a MOBILE FOOD SERVER in accordance with the provisions of Chapter 94, Section 305A, and Chapter 111, Section 5 of the Massachusetts General Laws.

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE DUXBURY BOARD OF HEALTH ALONG WITH FEE, COPIES OF YOUR SERVSAFE FOOD PROTECTION MANAGER CERTIFICATE AND ALLERGEN CERTIFICATES, HAWKER AND PEDDLER LICENSE, AND CERTIFICATE OF LIABILITY. IF PROPANE IS USED ON TRUCK AN INSPECTION IS REQUIRED BY THE DUXBURY FIRE DEPARTMENT WITH PROOF BEFORE BOH PERMIT CAN BE ISSUED BY THE TOWN OF DUXBURY.

Full name of person, firm or corporation making application: _____

Business Name: _____ Telephone Number: _____

Mailing Address: _____

Email Address: _____

Vehicle Registration: _____ VIN# _____

☐ **Your permit will be emailed to you. You will be responsible for printing and displaying your permit once you receive it. Check box if you prefer your permit to be mailed via USPS.**

Dated: _____ Signature of Applicant: _____

Once application is reviewed, applicant will be contacted for a Health Inspection of the Mobile Unit by the Health Agent

Date of Inspection: _____ Health Agent Signature: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION ATTESTATION

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 all state taxes required under law.

* Signature _____

By: Corporate Officer _____

** Tax identification/social security number _____

***This permit will not be issued unless this certification clause is signed by the applicant.**

****Your social security number or tax identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C, section 49A.**