



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

APPLICATION FOR A MOBILE FOOD SERVICE PERMIT

Fee \$210 payable to The City of Salem, No Cash

Name of Applicant _____ Telephone# _____
Address _____

Certified Food Manager _____ Certificate # _____

Name of Business _____ Telephone# _____
Address _____

Manufacture Frozen Desserts? Yes _____ No _____

Type of Vehicle _____ Registration# _____

Location of Operation _____

Name & Address of Licensed Food Service Establishment Serving as Base of
Operation _____ Telephone# _____

Location of Toilet & Hand washing Facilities _____

Menu _____

Type of refrigeration: Ice _____ Dry Ice _____ Gas _____ Other _____

Method for Cooking and/or Hot Holding: Gas _____ Other _____

Method for Sanitizing: Chemical _____ Hot Water (170 F) _____

I have read and agree to abide by The Salem Board of Health Regulations regarding "Mobile Food Units & Pushcarts" and will notify the Salem Board of Health of any changes in this application.

Pursuant to MGL C62C, S49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Social Security# or Federal ID# _____ Date _____ Signature

Revised: 5/23/11 Permit # _____ Check# & Date _____