



TOWN OF BERKLEY

BOARD OF HEALTH
1 North Main Street
Berkley, MA 027798
508-822-7828

boardofhealth@berkleyma.gov

Application for License to operate a Mobile Food Server

Application is hereby made to sell food products from a mobile food server in the Town of Berkley, Massachusetts.

NAME OF APPLICANT: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

FEDERAL ID #: _____

If applicant is a partnership, full name and address of all partners: _____

If applicant is a corporation: _____

President: _____ Treasurer: _____ Clerk: _____

CERTIFIED FOOD MANAGER: _____

Effective Date: _____ Expiration Date: _____ (Include copy of certification)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food operation will comply with 105 CMR 590.000 and all other applicable laws.

Signature: _____ Date: _____

Print Name: _____

I certify under the penalties of perjury to the best of my best knowledge and belief, have filed all state tax returns and have paid all state taxes required under the law.

Signature of Individual or Corporate Name
(Mandatory)

By: Corporate Officer (Mandatory, if applicable)

*****THIS PERMIT EXPIRES ON DECEMBER 31ST OF THE CALENDAR YEAR GRANTED*****

Please submit with your application and a copy of your:

DRIVER'S LICENSE

CERTIFICATE OF REGISTRATION

FOOD SAFETY MANAGER CERTIFICATE

MA ALLERGEN AWARENESS TRAINING

CERTIFICATE OF LIABILITY INSURANCE

HAWKER/PEDDLER LICENSE

PERMIT FROM PRIMARY MUNICIPALITY

FOOD TRUCK LAYOUT- MOBILE FOOD PLAN

FULL MENU

VERMIN & PEST REPORT DATED WITHIN THE LAST 12 MONTHS

PAYMENT TO THE "TOWN OF BERKLEY" \$125.00