

**FEE:**

OFFICE OF THE  
**BOARD OF HEALTH**  
13 East Central St., Natick MA 01760

Telephone 508-647-6460  
Fax 508-647-6466

**APPLICATION TO OPERATE A FOOD ESTABLISHMENT**

Today's Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Location Address: \_\_\_\_\_ **NATICK MA**

Mailing Address:  
(if different than above) \_\_\_\_\_

Telephone # at Establishment \_\_\_\_\_

Email Address \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

Type of Ownership: (circle one)

*A Individual \*B Partnership \*C Corporation \*D Association \*E Other* explain \_\_\_\_\_

\* if B, C, D, or E circled - provide Name, Title, Phone # and Home Address of Officers or Partners

<u>Name</u>	<u>Title</u>	<u>Telephone #</u>	<u>Home Address</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Response Person or Zone, District, Regional Manager:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Manager of Food Establishment:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**OVER**

**Type of Food Establishment - check all that apply**

- Food Service
- Caterer
- Retail Food
- Residential Kitchen
- Incidental Retail Food  
(pre-packaged, non-refrigerated foods only)
- Institutional ex. School,  
Nursing Home, Day Care
- Mobile *complete unit information sheet and other  
permitting procedures as requested*
- Private Club, Church, Non Profit

**Duration of Permit:**  Annual  Seasonal  \*Temporary Event *must list all food and where it is from*

**Day(s) and Hours of Operation / Temporary Event:** \_\_\_\_\_

**Seating Capacity:** \_\_\_\_\_ **Square Footage (for Retail):** \_\_\_\_\_

\*Temporary Event *must list the food to be served and where it is from; use an additional page if necessary*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Person(s) Certified in:	Yes	No
Food Safety Management		
Allergen Awareness		
Anti-Choking Procedures <i>services with seating capacity of 25 or more must have a certified employee on site for each shift</i>		
<b><u>All applicable certifications shall be posted in a conspicuous place</u></b>		

By signing this I attest to the accuracy of the information provided in this application. Furthermore I affirm compliance with the provisions of 105CMR 590.000/Federal Food Code and allow the regulatory authority access to the establishment as specified in this Code.

Signature of Applicant \_\_\_\_\_

Pursuant to M.G.L. Ch 62C, section 49A, 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 #

\_\_\_\_\_  
 Signature of Individual or Corporate Name

\_\_\_\_\_  
 Signature of Corporate Officer (if applicable)

Please make checks payable to the **Town of Natick** and return to  
 The Board of Health, 13 East Central St., Natick MA 01760

PETER A. DELLI COLLI, DMD  
DONALD J. BRED A, PE  
IAN L. WONG, MSPH  
ALAN G. COLE, MD,  
PHYSICIAN TO THE BOARD  
JAMES M. WHITE, JR., RS/REHS,  
DIRECTOR OF PUBLIC HEALTH

OFFICE OF THE  
**BOARD OF HEALTH**  
13 EAST CENTRAL STREET  
NATICK, MASSACHUSETTS 01760

PHONE – 508-647-6460  
FAX – 508-647-6466

MOBILE FOOD UNIT  
ANNUAL INFORMATION SHEET

Date \_\_\_\_\_

Name of Mobile Unit Establishment: \_\_\_\_\_

Type of Mobile Unit:

- Push Cart     Ice Cream Truck     Canteen Truck     Full Service Food Truck

Base of Operations or Commissary where supplies and daily cleaning of mobile food unit is provided:

Name \_\_\_\_\_

Address \_\_\_\_\_

Items to be included with this application:

- A copy of the local permit of the Base of Operations or Commissar
- A letter from your Base of Operations or Commissary confirming that you are authorized to use the facilities for your permitted mobile food unit
- Ice Cream Trucks must obtain a Federal CORI report; contact your local police and the Natick Police

List locations of hand wash and toilet facilities available on each route:

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List route stop locations in the Town of Natick and the approximate time of each stop:

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PLEASE USE REVERSE SIDE IF NECESSARY

## **PERMITTING PROCEDURES FOR MOBILE FOOD UNITS**

The following information must be provided before a permit will be issued:

- 1) A completed “Mobile Food Unit Information Sheet” (included in the application package), route stops in the Town of Natick, and the approximate time for those stops.
- 2) The name and location of your base of operations (such as a food establishment or food processing plant) where supplies and daily cleaning of your mobile food unit is provided.  
**NOTE:** Provide a copy of the base of operations’ valid food permit and a letter confirming that you are authorized to use the facilities for your permitted mobile food unit.
- 3) The mobile food unit must have identification of the operator and/or business name **AND** address in letters no smaller than three (3) inches on both left and right door panel of the vehicle.
- 4) Means of mechanical refrigeration for storing and holding **ALL** cold foods.
- 5) If serving hot foods you must have an operating hand sink with hot running water and signs for “NO SELF SERVICE”.
- 6) Compliance with Food Allergy Awareness Requirement. This is met with placement of MA DPH approved poster in vehicle, notice on menus and/or menu board, and certification in Food Allergen Awareness Training.
- 7) All food permits expire on December 31 of each year. Prior to January 1 (or if seasonal, prior to operating in the Town of Natick), an inspection of your mobile food unit must be made. Please call 508-647-6460 to schedule an appointment with Michael Boudreau or Jane Anderson.

### **REMINDERS**

All mobile food operators are required to retain receipts for all foods served on the permitted unit. Receipts must indicate the name(s) of food item(s), date purchased, and name of food service where product was obtained.

For Ice Cream Trucks:

State and Federal Criminal History Records check is required for a Vendor’s Permit. Please consult with your local and Natick Police Department for more information and apply for this permit.

A list of the mobile food servers who comply with these procedures will be forwarded to the Natick Police Department. Any mobile server not on the list will not be allowed to operate within the limits of the town. Also, failure to comply with these provisions may result in the suspension of operations for a mobile food unit and possibly lead to the revocation of a permit to operate in the Town of Natick.

If you have any questions please contact this office at 508-647-6460

Annual Fee: \$10.00

# TOWN OF NATICK

*Board of Health*

508-647-6460

13 East Central St.

Natick, Massachusetts 01760

## APPLICATION FOR MILK & CREAM LICENSE

Date: \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statutes relating thereto

\_\_\_\_\_  
Full name of person, firm, or corporation making application

\_\_\_\_\_  
Give location by street and number in the town of Natick

\_\_\_\_\_  
Mailing Address if different

\_\_\_\_\_  
Telephone in the Town of Natick

\_\_\_\_\_  
Email Address

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.

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
Corporate Officer  
(Mandatory if applicable)

\_\_\_\_\_  
S.S. # (Voluntary) or Federal I.D. #

### THIS LICENSE WILL NOT BE ISSUED UNLESS THE APPLICANT SIGNS THIS CERTIFICATION CLAUSE.

Your S.S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their nonfiling or delinquency will be subject to License suspension or revocations. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address  
  
\_\_\_\_\_