

HEALTH DIVISION PROCEDURE FOR OBTAINING A MOBILE FOOD / PUSH CARTS PERMIT
IN CITY OF MALDEN

IN ORDER TO OBTAIN AN OPERATION PERMIT FOR MOBILE FOOD VEHICLES FROM MALDEN BOARD OF HEALTH INSPECTIONAL SERVICES, THE FOLLOWING PROCEDURES MUST BE SUBMITTED PRIOR TO THE INSPECTION. INSPECTIONS CANNOT BE PERFORMED IF THE INFORMATION IS NOT COMPLETE.

YOU MUST OBTAIN A HAWKERS AND PEDDLARS LICENSE FROM THE DIVISION OF STANDARDS, ONE ASHBURTON PLACE, 11TH FLOOR, BOSTON, MA. (617) 727-3480.

IF YOU ARE VENDING ON A PUBLIC WAY, YOU MUST BE PREPARED TO MOVE OPERATION EVERY FIVE (5) MINUTES WHILE MAINTAINING HANDWASHING, SODID WASTE DISPOSAL AND RESTROOM FACILITIES, IN ACCORDANCE WITH CITY ORDINANCE SECTION 6.4 HAWKERS AND PEDDLERS IN GENERAL.

IF YOU ARE VENDING ON PRIVATE PROPERTY, YOU MUST OBTAIN A USE OF PREMISES PERMIT FROM MALDEN INSPECTIONAL SERVICES DEPARTMENT, BUILDING DIVISION, MALDEN, MA (781) 397-7030.

ALL APPLICATIONS WILL BE ACCOMPANIED BY A NONREFUNDABLE \$75.00 APPLICATION FEE.

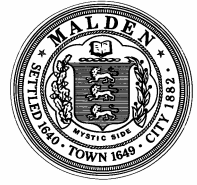
ALL APPLICATIONS MUST INCLUDE A COPY OF HAWKERS AND PEDDLARS LICENSE FROM THE DIVISION OF STANDARDS AND A COPY OF A VALID DRIVERS LICENSE.

IF YOU SELL POTENTIALLY HAZARDOUS FOODS, ALL MOBILE FOOD UNITS SHALL OPERATE FROM A FIXED LICENSED FOOD ESTABLISHMENT AND SHALL REPORT TWICE DAILY TO SUCH LOCATION FOR ALL FOOD AND SUPPLIES AND FOR ALL CLEANING AND SANITIZING OF UNITS AND EQUIPMENT. YOU MUST PROVIDE A LETTER ON THEIR LETTERHEAD STATING THAT YOU HAVE PERMISSION TO PERFORM THESE DUTIES FROM THEIR ESTABLISHMENT ALONG WITH A CURRENT COPY OF THEIR PERMIT.

IF YOU SELL POTENTIALLY HAZARDOUS FOODS, YOU ARE REQUIRED TO BE A CERTIFIED FOOD MANAGER. YOU MUST SUBMIT PROOF OF CERTIFICATION.

IF YOU ARE USING AN OPEN FLAME OR PROPANE, YOU ARE REQUIRED TO OBTAIN A PERMIT FROM THE MALDEN FIRE DEPARTMENT, (781) 397-7383. YOU MUST OBTAIN MALDEN BOARD OF HEALTH APPROVAL PRIOR TO APPLYING FOR A MALDEN FIRE PERMIT.

UPON COMPLETION OF ALL OF THE ABOVE REQUIREMENTS AND PROVIDE PROPER DOCUMENTS AND LICENSES, CONTACT THIS OFFICE FOR THE REQUIRED INSPECTION AND PERMIT ISSUANCE AT (781) 397-7049. FAILURE TO MEET THE REQUIREMENTS WILL RESULT IN PERMIT NOT BEING ISSUED. MOBILE FOOD / PUSH CARTS PERMIT FEES ARE \$100 EACH, IF YOU SELL MILK AND / OR ICE CREAM. THERE IS A \$65 MANUFACTURING FEE IF THE PRODUCT IS FROM A SOFT SERVE MACHINE.



**APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD VEHICLE / PUSH CARTS
TO SELL OR MANUFACTURING (Check All That Apply)**

- FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK
- COMMERCIALLY PREPACKAGED NON-POTENTIALLY HAZARDOUS FOODS
- COMMERCIALLY PREPACKAGED POTENTIALLY HAZARDOUS FOODS (Time/Temperature control required)
- READY-TO-EAT FOODS (Example: Sandwiches, salads, muffins that need no further processing)

ANSWER ALL QUESTIONS; IF NOT APPLICABLE WRITE N/A.

VEHICLE No.: _____ PUSH CARTS No.: _____

NAME OF VEHICLE / PUSH CARTS _____

MAKE & YEAR OF VEHICLE _____ STATE OF REGISTRATION _____ REGISTRATION # _____

BASE OF OPERATION _____
STREET CITY STATE & ZIP

VERIFICATION LETTER FROM LICENSED COMMISSARY OR ESTABLISHMENT YES _____ NO _____

NAME OF OWNER _____

HOME ADDRESS _____
STREET CITY STATE & ZIP

BUSINESS PHONE NUMBER _____ HOME PHONE NUMBER _____

EMERGENCY RESPONSE PERSON _____ EMERGENCY PHONE # _____

**LOCATION IN THE CITY (BE SPECIFIC)
STREET NAMES & SECTION OF THE CITY**

DAYS AND TIMES

HANDWASHING AND TOILET FACILITIES ARE AVAILABLE AT _____

FOOD PRODUCTS TO BE SOLD

SOURCE OF FOOD PRODUCTS

IF YOU ARE A CORPORATION OR PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING:

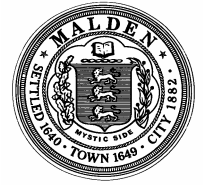
(1) NAME & TITLE _____
HOME ADDRESS _____

(2) NAME & TITLE _____
HOME ADDRESS _____

DAYS AND HOURS OF OPERATION _____

Malden Government Center
200 Pleasant St., Rm. 517
Malden, Massachusetts 02148
(781) 397-7049
BOH@CityofMalden.org

**City of Malden
Massachusetts
Board of Health
www.cityofmalden.org**



**APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD VEHICLE / PUSH CARTS
TO SELL OR MANUFACTURING (Continues)**

IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:

WHOM IS THE MIX PURCHASED FROM / NAME OF COMPANY _____

IS THE MIX PASTEURIZED? YES _____ NO _____ NUMBER OF REFRIGERATORS/FREEZERS _____

ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? YES ___ NO ___

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the **MOBILE FOOD VEHICLE / PUSH CARTS** operation will comply with 105 CMR 590.00, the Federal Food Code and all other applicable law. Copies of the State Sanitary Code, Chapter X, 105 CMR 590.000 and the Federal Food Code are available at the State Book Store, Room 116, Massachusetts State House, Boston, Phone (617) 727-2834.

SIGNATURE OF OWNERS: _____ DATE: _____

Pursuant to MGL Ch. 62C., Sec. 49A., I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

SOCIAL SECURITY NUMBER or FEDERAL ID: _____

SIGNATURE OF INDIVIDUAL or CORPORATED NAME: _____

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued



FEE \$62.00

Office Use Only HP ___ No. _____ Issue Date _____ Issued By: _____

Application for License to Peddle

(Under the provisions of Chapter 101, General Laws, and Amendments and additions thereto.)

This form of application must be filled out as directed, duly signed, and returned to this office with the full amount of the fee, before a license will be issued.

CASH, CERTIFIED CHECK, REGISTERED CHECK OR MONEY ORDER: Make check payable to the Commonwealth of Massachusetts. Do not mail cash.

To the Director of Standards, 1 Ashburton Place, Rm 1115, Boston, MA 02108, 617-727-3480.

I, the undersigned, hereby apply for a STATE LICENSE

TYPE OF GOODS SOLD: _____

NAME: _____ SSN# OR FED ID#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE NO: _____

1. Do you use a motor vehicle? YES NO Registration No. _____
2. Have you been convicted of any offense against the laws of this state or the ordinances or by laws of any city or town? YES NO if yes state fully the nature of the offense, the court where convicted, data of conviction and penalty imposed.
3. Have you had a license to peddle within the last five years? YES NO
If yes, License Number _____
4. **PURSUANT TO MASSACHUSETTS GENERAL LAW CHAPTER 62C SECTION 49A, 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 of Applicant: _____ Date: _____

CERTIFICATE OF CHARACTER:

(Must be signed by Chief of Police of the city or town in which applicant resides.)

I, the undersigned, _____ of the City/Town of _____

hereby certify that to the best of my knowledge and belief that, _____ the above named applicant, is of good repute for morals and integrity.

SIGNED: _____ Chief of Police Date: _____

* Please check with each Community for local rules and regulation pertaining to sales from stationary or fixed locations.