



Board of Health
 Frank P. Giacalone, CEHT
 Director of Public Health

TOWN OF SAUGUS

BOARD OF HEALTH
 298 CENTRAL STREET
 SAUGUS, MASSACHUSETTS 01906



Public Health
 Prevent. Promote. Protect.

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APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD UNIT

ESTABLISHMENT CONTACT INFORMATION

Name of Establishment: «Establishment_Name» Date: _____

Address: «No» «Address», «City», Massachusetts, «Zip_Code»

Name of Owner: _____

Manager: _____ Phone No. At Establishment: _____

Emergency Response Person Name: _____ Emergency Phone: _____

If a Corporation or Partnership, attach list of names, titles and home addresses of officers or partners.

State of Name & Address Incorporation _____ of Local Agent _____

TYPE OF ESTABLISHMENT FEE TO BE PAID

Retail Food	Fee: _____	Ice Cream	Fee: _____	Temporary	Fee: _____
Annual	Fee: _____	Caterer	Fee: _____	Seasonal	Fee: _____
Milk	Fee: _____	Frozen Dessert	Fee: _____	No .of Seats	Fee: _____
Food Service	Fee: _____	Mobile Food	Fee: \$100	**Tobacco	Fee: _____
Residential	Fee: _____	Non-Profit	Fee: _____		

****A copy of the current Department of Revenue Tobacco License must be attached to this application****

TOTAL PERMIT FEE: \$100.00

AUTHORIZATION

I have read and understand the Board of Health Regulation, Article 22, Food Service Manager Certification, the Federal Food Code and 105CMR 590.000 State Sanitary Code for Food Establishments as amended October 1, 2000. Copies are available at the State House Bookstore at (617) 727-2834.

***Signature of Applicant:** _____ Date: _____

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

***Signature of Individual or Corporate Name:** _____ Date: _____

FOR BOARD OF HEALTH USE ONLY

Date Received	Check Number	Permit No.	Amount	Taxes and Fees Paid	Late Fee \$50.00
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>