



Board of Health  
David J. Greenbaum R.S.  
Director of Public Health

# TOWN OF SAUGUS

BOARD OF HEALTH  
298 CENTRAL STREET, SUITE 9  
SAUGUS, MASSACHUSETTS 01906



**Public Health**  
Prevent. Promote. Protect.

Telephone: (781) 231-4115

Fax: (781) 231-4109

[dgreenbaum@saugus-ma.gov](mailto:dgreenbaum@saugus-ma.gov)

## APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD UNIT

### ESTABLISHMENT CONTACT INFORMATION

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

Establishment Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Email Address: \_\_\_\_\_

Base of Operations: \_\_\_\_\_ Provide Commissary Invoice

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 \_\_\_\_\_

**TOTAL PERMIT FEE: \$100.00**

### DATES OF OPERATION

Dates and time of Operation if not annual: \_\_\_\_\_

### RESTAURANT SAFETY/CERTIFICATION INFORMATION

Food Safety Manager Certificate Number and Expiration Date: \_\_\_\_\_

### 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: \_\_\_\_\_

### POLICE DEPARTMENT AUTHORIZATION

Public Safety Town (hometown): \_\_\_\_\_ Permit number: \_\_\_\_\_ \*Attach copy of permit

Saugus Public Safety Approval: \_\_\_\_\_ Permit number: \_\_\_\_\_ \*Attach copy of permit

### FOR BOARD OF HEALTH USE ONLY

Date Received	Date Inspected	Approved By	Permit No.	Taxes and Fees Paid	Late Fee
_____	_____	_____	_____	_____	_____