



Board of Health
John R. Fralick, III RS/REHS
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) 231-4120
(781) 231-4117
jfralick@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
_____	_____	_____	_____	_____	_____