



The City of Fitchburg

Health Department
166 Boulder Drive, Suite 108
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Board of Health
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STEPHEN D. CURRY
HEALTH DIRECTOR

ANNUAL MOBILE FOOD OPERATION PLAN REVIEW AND PERMIT APPLICATION

Instructions: This application must be completed fully along with payment and submitted to the Fitchburg Health Department. **The Fitchburg Health Department has 30 days to review and process this application.** Please note that incomplete applications and missing information may cause a delay in the decision making process. If you have any questions regarding this application, please contact Stephanie Holinko, the Fitchburg Food Inspector, at 978-829-1873 or by e-mail to: sholinko@fitchburgma.gov

Additional Submission Requirements: You may submit your application in person at the Health Department, by mail, e-mail, or fax. All documents must be together in a single document and in an organized manner. If submitted by e-mail, the application and all required documents must be in one single PDF document, and scanned in a manner that is easily readable. If you would like to meet with the Food Inspector to review your application or assist you in the completion of the application, please make an appointment as her office hours are by appointment only. It is strongly encouraged that you make an appointment with the Food Inspector to review your application before submission.

Permit Period: May 1 – April 30*

*Permit renewal applications are due by March 31

Plan Review Fee: \$100.00/Non-Refundable (One time only fee for new applicants)

Annual Permit Fee Amount:

Food Service: \$150.00/Non-Refundable

Commercially pre-packaged foods only: \$100.00/Non-Refundable

Total Fee Amount: _____

Payment Methods: Check, Cash, Money Order

Make checks payable to: City of Fitchburg

Section 1: Owner and Business Information

Name of Business/D.B.A: _____

Address of Business: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from business address):

City: _____ State: _____ Zip Code: _____

Phone Number of Business: _____ Business Fax #: _____

Business E-mail address: _____

Business Website Address: _____

Name of Owner (Individual/Corporation): _____

Owner Business Phone #: _____ Owner Cell Phone #: _____

Owner E-mail Address: _____

Name of Emergency Contact: _____ 24 Hour Phone #: _____

Emergency Contact E-mail address: _____

Vehicle Registration Number: _____

Operation Owned By (Please Check One):

An association A corporation An individual

A partnership Other legal entity (Please specify: _____)

List all persons with interest in this permit (corporate stockholders, directors, officers, managers, and any person/entity with a direct/indirect beneficial/financial interest). Attach additional pages if necessary.

Name of Person	Title/Position	Phone Number	# Stock/ % Owned

Section 2: Location(s) of Operation and Hours of Operation

Instructions: If you're operating on private property, you're required to obtain and submit a formally signed letter from the owner of the property you intend to operate on.

If you intend to operate on publically owned property (municipal property, public right of ways, etc.), you must obtain written permission from the Office of the Building Commissioner.

Disclaimer: If hours, days and/or location of operation change at any time, please Contact the Food Inspector so we can update our file. You're required to contact the Fitchburg Health Department at least 72 hours prior of the Fitchburg location and time that you plan to operate at.

State the address(s) of the specific location(s) that you wish to operate: _____

Dates of operation if operating seasonally: _____

State the times and location(s) for each day of the week:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Section 3: Base of Operation

Note: All mobile food operations shall operate from a fixed, permitted food establishment, commissary or processing plant (Servicing area/base of Operation). Please attach the current food establishment permit for your servicing area/base of operation. If you operate out of a shared kitchen facility, please provide a letter from the owner of the servicing area/base of operation stating that you have permission to use the kitchen facility.

Name of Base of Operation: _____

Facility Owners full name: _____

Address of Base of Operation: _____

Phone # of Base of Operation: _____

E-mail address of Base of Operation: _____

Please describe all of the activities that are conducted at your servicing area/base of operation/commissary relating to your mobile food operation: _____

Section 4: Ice Cream Sales

For Sale of Ice Cream: Per Massachusetts State Law and 520 CMR 15.00, all vendors selling any ice cream, frozen dairy or frozen water-based food products on a truck must undergo a CORI/SORI Check with a Police Department in Massachusetts. A Clearance Permit/Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Fitchburg Health Department along with our application before a permit will be issued. This law applies even if other food items are sold from the mobile food operation.

Do you sell Commercially Pre-packaged Ice Cream or frozen-water based food product?
Yes: _____ No: _____

Do you sell hard ice cream that requires scooping? Yes: _____ No: _____

Do you sell soft serve ice cream, soft serve frozen yogurt and/or manufactured frozen dessert mixes?

Yes: _____ No: _____

If **yes**, you're required to submit **monthly** bacteria sampling of manufactured frozen desserts and/or frozen dessert mixes by an approved laboratory per State Sanitary Code 105 CMR 561.000: FROZEN DESSERTS AND FROZEN DESSERT MIXES. Please send the reports monthly to the: **Fitchburg Health Department, 166 Boulder Drive Suite 108, Fitchburg, MA 01420** or by fax to: **978-829-1962**. Failure to submit the reports each month of operation to the Health Department will result your Mobile Food Service Operation Permit to be suspended or revoked.

Section 5: Person in Charge/Alternate Person in Charge/Employee Information

As required by M.G.L Chapter 152, Section 25A, this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement. Submit a completed copy of the Workers Compensation Affidavit: General Businesses.

Yes: _____ No: _____

Number of Staff: _____

How will food employees be trained in food sanitation practices? Please describe method of training. Submit food safety certifications if this is a method of training. _____

Person in Charge (PIC)

Note: The PIC is the person who is in charge of the daily mobile food operation and is in a supervisory position over the food preparation.

Name: _____ Phone #: _____

E-mail address: _____

Does this person have a Certified Food Protection Manager Certification? Check “yes” or “no”.

Yes (submit copy): _____ No: _____

Does this person have a Food Allergen Awareness Certification? Check “yes” or “no”.

Yes (submit copy): _____ No: _____

Note: Expired Certified Food Protection Manager Certifications and Food Allergen Awareness Certifications will not be accepted.

Alternate Person in Charge #1

Note: The Alternate PIC is the one who is in charge of the daily mobile food operation and is in a supervisory position over the food preparation when the PIC is not on site. **If you’re a sole proprietor with no staff members, then mark this section “N/A”.**

Name: _____ Phone #: _____

E-mail address: _____

Does this person have a Certified Food Protection Manager Certification? Check “yes” or “no”.

Yes (submit copy): _____ No: _____

Does this person have a Food Allergen Awareness Certification? Check “yes” or “no”.

Yes (submit copy): _____ No: _____

Alternate Person in Charge #2

Name: _____ Phone #: _____

E-mail address: _____

Does this person have a Certified Food Protection Manager Certification? Check “yes” or “no”.

Yes (submit copy): _____ No: _____

Does this person have a Food Allergen Awareness Certification? Check “yes” or “no”.

Yes (submit copy): _____ No: _____

Section 6: Food and Equipment Information

List **ALL** Food and Beverage items to be prepared and served. Attach a separate sheet if necessary. Submit a copy of your menu. **NOTE:** Any changes to the menu must be submitted to and approved by the Fitchburg Health Department.

Will all foods be prepared at a permitted Food Service Establishment?

Yes _____ No _____

If **yes**, provide a copy of the Food Service Establishment Permit.

Where and when is the food being prepared? _____

If raw meats, poultry and seafood are stored in the same refrigerators with cooked/ready-to eat foods, how will cross-contamination be prevented? _____

How is potentially hazardous food (time-temperature controlled food) stored to ensure correct product temperature (hot foods held hot above 140°F, cold foods held cold below 41°F)? _____

How is potentially hazardous food (time-temperature controlled food) transported to ensure correct product temperature (hot foods held hot above 140°F, cold foods held cold below 41°F)? _____

Describe foods that will be cooked on the mobile food operation: _____

List the all of the source(s) of food (where foods are purchased/delivered from): _____

Describe the hand washing facility(s): _____

Describe how bare hand contact with ready to eat foods be prevented: _____

Describe how foods will be protected against environmental and customer contamination:

Section 7: Equipment Cleaning Procedures and Chemical Storage

What chemical(s) will be used for sanitizing of food contact surfaces? **Note:** Do NOT list the brand of sanitizer. List the chemical(s) used for sanitizing:

What is the sanitizer concentration maintained at in parts-per million (PPM)? _____

Do you have sanitizer test strips to test sanitizer concentration? **Yes** ____ **No** ____

If no facilities to sanitize are available on site, describe the storage of back-up utensil storage:

Describe how food equipment and utensils will be sanitized on the mobile food operation:

All poisonous or toxic materials to be used in the operation (i.e. cleaners, sanitizers, solvents, personal medications, etc.) must be stored in a manner so they cannot contaminate food, equipment, utensils, single service or single use articles. Please describe how you will do this:

Where do you dispose of your refuse, recyclables, and garbage waste? _____

Section 8: Sewage and Other Liquid Waste

Do you have a grease trap on your mobile food operation? Yes _____ No _____

If you checked yes, what is the size and location of your grease trap? _____

If you checked yes, how do you clean your grease trap, and at what frequency? _____

What is the storage capacity (in gallons) and location of your sewage/liquid waste holding tank? _____

How and where do you dispose of your sewage and liquid waste from your mobile food operation? _____

Section 9: Water Tank and Water Supply

Is water from the mobile water tank used for cleaning/sanitizing food contact surfaces, drinking water, washing foods, and/or for liquid foods (Potable Water)? Yes _____ No _____

Note: You're required to have potable water on your mobile food operation.

What is the capacity (in gallons) and location of the potable water supply tank? _____

What materials were used in the construction of your water tank? *Submit an equipment specification sheet for the water tank if available.* _____

What type of hose is used for the conveyance of potable water to the water tank? *Submit an equipment specification sheet for the hose.* _____

Where do you store your hose to your water tank (if not permanently attached)? _____

Note: If the hose is not permanently attached, you're required to label the hose and store it to ensure it is used only for the mobile water tank and no other use.

Describe the backflow prevention devise(s) attached to the hose used for the conveyance of potable water: _____

What is the size of your water tank inlet? _____

Describe the protective covers on your water tanks inlets, outlets and hoses: _____

Describe how your potable water tank was flushed and disinfected before use: _____

Is the water source serviced by municipal water supply or a private well? If municipal water, state the town of city. _____

NOTE: IF SERVICED BY A PRIVATE WELL, PROVIDE A COPY OF THE MOST RECENT WATER QUALITY TEST RESULT.

Where will you be obtaining your potable water from? Please state the name and address of the location you will be obtaining your potable water from and the location/use of the specific sink you will be obtaining your potable water from. _____

Section 10: Hot Water Heater

What is the capacity and recovery rate of the hot water heater? _____

Note: It is essential that sufficient potable water, at a minimum of 110 degrees F, under pressure be available at all times, including at peak demand periods.

Section 11: Ventilation System and Propane Tank

Note: Ventilation systems must be correctly designed sized and installed to satisfy Building and/or Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke and grease laden air.

Does your operation use a propane tank? **Yes:** _____ **No:** _____

If yes, a propane tank permit will have to be obtained from the Fitchburg Fire Department.

Does your operation have a ventilation system? **Yes:** _____ **No:** _____

How is each ventilation hood, listed above, system cleaned? Please indicate frequency of cleaning: _____

Section 12: Additional Information/Required Documents

Do you do any specialized food processing procedures that require a HACCP plan?

Yes _____ **No** _____

If **yes**, please explain and attach copy of your HACCP plan to this application. _____

Do you use time as a public health control for TCS/PHF (Potentially Hazardous Foods)?

Yes _____ **No** _____

If **yes**, please provide documentation explaining your time as a public health control procedures for each food.

Do you intend to set up any additional structures in addition to your mobile food operation such as tents, seating, picnic tables, smokers, etc.?

Yes _____ **No** _____

If **yes**, please explain here: _____

Please add any additional information about your Mobile Food Operation that should be considered: _____

To obtain a permit to operate a Mobile Food Unit, the following must be submitted:

- A completed Mobile Food Operation Plan Review and Permit Application
- Permit Fee
- Certified Food Protection Manager Certification(s) (not applicable if only selling/serving commercially pre-packaged food items)
- Allergy Awareness Certification(s) (not applicable if only selling/serving commercially pre-packaged food items)
- A copy of your Base of Operation Permit issued by the Health Department
- Copy of your most recent inspection report for your Base of Operation
- Copy of annual mobile food operation permits you may have from other municipalities
- Copy of your most recent mobile food inspection report
- Completed Workers Compensation Affidavit: General Businesses. If you check box "1" of this affidavit, attach a copy of your Workers Compensation Certificate of Liability.
- State or Local Hawker and Peddler License
- Copy of your Business Certification/DBA
- For Manufactured Frozen Dessert: Laboratory results must be submitted to the Fitchburg Health Department within 30 days of the start of operation and monthly thereafter.
- For Ice Cream Trucks: A Clearance Permit/Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Fitchburg Health Department along with our application before a permit will be issued.
- City of Fitchburg Certificate of Tax Compliance: This document is obtained from the Fitchburg Treasurer's Office.
- Massachusetts Department of Revenue "Certificate of Good Standing"/Tax Compliance
- Copy of Menu
- Floor plan with equipment specification sheets for your mobile food operation
- Copy of your mobile food operation vehicle registration. If you have two vehicles registered such as a truck and a trailer, please attach your registration for both your trailer and truck.

Section 13: Conditions for Annual Mobile Food Operation Permit Applicants

This application does not guarantee approval for an Annual Mobile Food Operation Permit. If permit approval is granted by the Fitchburg Health Department, the permit holder agrees to allow inspection(s) of their facilities or premises whenever deemed necessary. Additional information may be requested if necessary by the Fitchburg Health Department prior to the approval and issuance of an Annual Mobile Food Operation Permit.

Reminder: **ISSUANCE OF A FITCHBURG HEALTH DEPARTMENT MOBILE FOOD OPERATION PERMIT DOES NOT GUARANTEE THE FULL APPROVAL TO OPERATE IN THE CITY OF FITCHBURG.** The applicant for a Fitchburg Health Department issued Mobile Food Operation Permit must ultimately satisfy not only these Fitchburg Health Department requirements, but *may* be subject to approval from other City of Fitchburg officials and/or departments including but not limited to the:

- **Fire Department:** Please contact **Phil Jordan** at the **Fire Prevention Office** at **978-345-9672** or by e-mail to: **pjordan@fitchburgma.gov**
- **Office of the Building Commissioner:** Please contact **Mark Barbadoro** at **978-829-1881** or by e-mail to: **mbarbadoro@fitchburgma.gov**
- **Police Department:** Please contact **Captain Matthew D. LeMay** at **(978) 345-9646 ext. 1221** or by e-mail to: **mlemay@police.fitchburgma.gov**
- **City Clerk's Office:** Please contact **Anna Farrell** at **978-829-1820** or by e-mail to: **AFarrell@fitchburgma.gov**
- **Public Works Department:** Please contact **Lenny Laakso** at **978-829-1910** or by e-mail to: **llaakso@fitchburgma.gov**
- **Parks & Recreation Department:** If operating on City of Fitchburg park property, you must obtain a Park Permit. Please contact **Nate LaRose** at **978-829-1815** or by e-mail to: **NLaRose@fitchburgma.gov**

Please contact, Mary Jo Bohart, Economic Development Director if you need one-on-one business support at 978-829-1896 or by e-mail to: mbohart@fitchburgma.gov

I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required per M.G.L. Chapter 62C, Section 49A.

Statement: I certify that I have read all of the conditions of this document and I hereby attest to the accuracy of the information provided in this application, and the attached documents and affirm to comply with jurisdictional current code. Additionally, I fully understand that any deviation from the above without prior permission from the Fitchburg Health Department may nullify final approval and/or permit.

Print Owner Name: _____

Owner Signature: _____

Federal Identification Number: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Amount Paid: _____

Payment Type: _____

Check #: _____

Receipt Number: _____

Approved: _____ Date of Approval: _____

Restrictions: _____

Comments: _____

Permit #: _____

Permit Effective Date: _____

Permit Expiration Date: _____

Disapproved: _____ Date of Disapproval: _____

Reason's for disapproval: _____

Assigned Inspector's Name: _____

Assigned Inspector's Signature: _____