



**CITY OF NEW BEDFORD HEALTH DEPARTMENT**  
**1213 Purchase St. New Bedford, MA 02740**  
**508-991-6199**

## **Mobile Food Truck Annual Advisory**

You are applying for a food Truck permit with the  
City of New Bedford Health Department

This is list of items you need to provide to qualify for a Food Truck permit  
These items must be provided annually and 30 days prior to the expiration of the permit.

- 1) Application(s)- complete every line.
- 2) Applications received after the Dec. 1<sup>st</sup> filing deadline will be assessed a 20% late fee.
- 3) Fee - \$600.00, payable to the "City of New Bedford"
- 4) List of names and photocopy of driver's license/state issued ID from every person on the vehicle.
- 5) Certified Food Protection Management certification is required.
- 6) Certificate of training in Allergen Awareness is required.
- 7) Annual Route List (sheet attached)
- 8) Workman's Compensation Insurance Affidavit form.
- 9) Liability Insurance Policy listing the City as additionally insured.
- 10) Copy of vehicle's registration.

**\*Please note, each vehicle needs a permit. Incomplete applications will be returned.**

Feel free to contact the Health Department at 508-991-6199 with any questions.

Thank you,

New Bedford Board of Health



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**Attention All Licensed Food Establishments**

Effective October 5, 2018 the Massachusetts Department of Public Health officially adopted amendments to the State Sanitary Code Chapter X.

As a Food Establishment of any type you are required to have the following:

- **Employee Illness Policy**
- **Food Employee Reporting Agreement**
- **Clean-up Procedure for Vomit/Fecal Events**

\*You can find links on our website with a sample of the above policies/ procedures and other educational materials you may need for your establishment

**Resources and References:**

- <https://www.mass.gov/lists/massachusetts-retail-food-code>
- <http://www.newbedford-ma.gov/health-department/>
- <https://www.mass.gov/lists/retail-food> - Food Protection Manager Certification Exam
- <https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>
- <https://www.mass.gov/files/documents/2016/07/vt/food-label-brochure.pdf>
- <http://www.mafoodsafetyeducation.info/all.html>
- [https://www.cdc.gov/nceh/ehs/docs/apc/apc\\_food\\_safety\\_self\\_inspection\\_checklist.pdf](https://www.cdc.gov/nceh/ehs/docs/apc/apc_food_safety_self_inspection_checklist.pdf)

**FOR BOARD OF HEALTH USE ONLY**

DATE RECEIVED \_\_\_\_\_ DATE INSPECTED \_\_\_\_\_ APPROVED BY \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_ PERMIT ISSUED \_\_\_\_\_

LATE FEE: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL FEE = \$ \_\_\_\_\_ ID#: \_\_\_\_\_

**CITY OF NEW BEDFORD HEALTH DEPARTMENT**

1213 Purchase Street - 1st Fl, New Bedford, MA 02740

For Application Assistance or Inspectors: (508) 991-6199

**FOOD TRUCK****ANNUAL PERMIT APPLICATION – Permit fee: \$600.00****New business application must be submitted at least 30 days prior to proposed opening date.****Renewal applications received after December 1<sup>st</sup> will be charged a 20% late filing fee.**PLEASE **PRINT** CLEARLY**Payment is due with application**Check type of application: ☐ New (Initial) ☐ Renewal ☐ Amended

1) Mobile Food Trade Name: _____										
2) Mobile Unit's Address: _____										
3) Business Telephone No.: (    ) _____	Fax No.: (    ) _____									
4) Applicant Name: _____	Applicant's Title: _____									
5) Applicant Address: _____ TELEPHONE No.: (    ) _____										
Applicant's E-mail Address: _____										
6) Mailing Address (if different): _____										
7) Mobile Unit Owner Name: (First) _____ (Last) _____ (MI) _____										
* If an Association, Corporation, Partnership, Legal Entity; Enter Name : _____										
8) Owner's Address (if different from applicant): _____										
9) Operation is OWNED by: ( <b>Check one</b> ) <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other Legal Entity	10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State: (Please provide an attachment if necessary) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Officer/Partner's Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Officer/Partner's Name	Title	Home Address	_____	_____	_____	_____	_____	_____
Officer/Partner's Name	Title	Home Address								
_____	_____	_____								
_____	_____	_____								
11) Operation is: ( <b>Check one</b> ) <input type="checkbox"/> Part of Chain <input type="checkbox"/> Independent	(First) _____ (Last) _____ (MI) _____									
12) Person Directly Responsible for Daily Operations ( <b>Owner, Person in Charge, Supervisor, Manager etc.</b> ): Name: _____ Title: _____ Telephone No: (    ) _____ Address: _____ Fax Number: (    ) _____ 24 Hour Emergency Number: (    ) _____										
14) Mobile Unit Type: <input type="checkbox"/> Trailer Unit <input type="checkbox"/> Food Truck (Motorized Vehicle)										
15) Days and Hours of Operation: Days: _____ Hours: _____	16) No. of Food Employees: _____									
17) Food Source(s) / Base of Operation: _____										

# Food Truck Annual Application continued

<b>18) Vending Location(s):</b> <input type="checkbox"/> Private Property= Lease required <input type="checkbox"/> Public Property= Route List required ( <i>form attached</i> )		
<b>19) Water Source:</b> _____ DEP Water Supply Number: ( <i>if applicable</i> ): _____		<b>19) Gray water disposal:</b> _____
<b>21) Name of Person(s) in Charge Certified in Food Protection Management and Allergen Awareness certified:</b> ( <i>Copy of both certificates required- please attach</i> ):		
<b>21 List of Drivers/Operators (copy required):</b>  1) _____ 2) _____ 3) _____ 4) _____		<b>Please attach a copy of : (✓ <i>check one</i>)</b> <b>Driver's License / State ID:</b>  1) <input type="checkbox"/> _____ 2) <input type="checkbox"/> _____ 3) <input type="checkbox"/> _____ 4) <input type="checkbox"/> _____
<b>21) *Liability Insurance Policy (*City must be co- insured /Please attach a copy of the Policy declaration page)</b> Insurance Company name: _____ <b>*Worker's Compensation Policy (*if applicable, Please attach a copy of the Policy declaration page)</b>		
<b>23) Food Preparation: (Check all that apply)</b> <b>Definitions: TCS – requires time/temperature control for safety (TCS) foods to limit pathogenic microorganism growth or toxin Formation</b> <b>RTE – ready-to-eat foods (ex: sandwiches, salads, muffins which need no further processing)</b>		
<input type="checkbox"/> Sale of commercially pre-packaged TCS (Time/Temperatures control for Safety Foods)  <input type="checkbox"/> Delivery of packaged TCS foods  <input type="checkbox"/> Reheating of commercially processed Precooked foods for service within (4) hours  <input type="checkbox"/> Customer self-service of TCS foods and non-perishable foods only  <input type="checkbox"/> Preparation of Non-TCS for retail sale  <input type="checkbox"/> Offers RTE TCS foods in bulk quantities  <input type="checkbox"/> TCS foods cooked to order  <input type="checkbox"/> Preparation of TCS foods for hot and cold holding for single meal service	<input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer  <input type="checkbox"/> Using cooking; cooling; reheating; hot or cold holding; freezing; or thawing in two or more step process  <input type="checkbox"/> Ice manufactured and packaged for retail sale  <input type="checkbox"/> Juice manufactured and packaged  <input type="checkbox"/> Hot TCS foods cooked and cooled or hot held for more than a single meal service  <input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population facility  <input type="checkbox"/> Raw or undercooked food of animal origin (HACCP required)	<input type="checkbox"/> Vacuum packaging/cook chill (HACCP required)  <input type="checkbox"/> Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)  <input type="checkbox"/> Prepared food/single meals for catered events or institutional food service  <input type="checkbox"/> Other ( <i>Describe</i> ): _____  <input type="checkbox"/> If applicable, Name of: <b>Dumpster Co.:</b> _____ <b>Pick up dates:</b> _____ <b>Grease Hauler:</b> _____ <b>Pick up dates:</b> _____ <b>Pest Control Co.:</b> _____

**25) Business Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:**

✓ **If owned by an individual:**    ☐ Date of Birth (D.O.B.) \_\_\_\_\_    ☐ Social Security Number: \_\_\_\_\_

✓ **If owned by an association, corporation, partnership, or other legal entity:**

☐ **Federal Employer Identification Number:**

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this mobile food operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Health Department on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

As the permit holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the Board of Health in accordance with 105 CMR 590.001 (FC8-404-11). Imminent health hazards include but are not limited to: Fires, Floods, Extended interruption of Electrical or Water Service, Sewage Backup, misuse of poisonous or toxic materials, onset of an apparent food borne illness outbreak, gross unsanitary occurrences or condition, or suspected food tampering, any other circumstance that may endanger public health. (A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard). As the permit holder, I understand that the person in charge must immediately notify the Board of Health if a food employee is infected with a disease transmissible through food in accordance with 105 CMR 590.003(G).

**26) Owner's / Authorized Officer's Signature – *Print* name, title, *sign* and date below:**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reminder:** Consistent with M.G.L. Ch.270, Section 22 and per order of the New Bedford Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or Business Agent to prohibit smoking on the premises.



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**MOBILE ROUTE / MOBILE EVENT LIST**

***Please Check all that apply:*** ☐ **City Route List** ☐ **City Event List**

**Please attach an intended daily menu/event menu and /or a retail food list for your operation.**

**Print:**

**Applicant Name/Address:** \_\_\_\_\_

**Name of Business (D/B/A):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **(where you can be reached 24 hours per day)**

**MA Motor Vehicle Registration/Unit #:** \_\_\_\_\_ **(Separate form is needed for each mobile unit)**

**Base of Operation (servicing):** \_\_\_\_\_

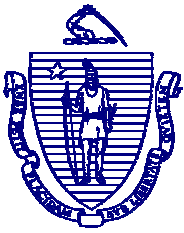
**Food Source(s):** \_\_\_\_\_

**Are rest room facilities available at each location on the route? YES \_\_\_\_\_ NO \_\_\_\_\_**

<b><u>Days:</u></b>	<b><u>Times:</u></b>	<b>Daily Location(s) and/or <u>Location &amp; Date of Event(s):</u></b>	<b><u>Menu Attached</u></b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>
			<b>Y / N</b>

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_





*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*600 Washington Street*  
*Boston, MA 02111*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)