



PERMIT APPLICATION FOR **MOBILE FOOD ESTABLISHMENT (M.F.E.)**

(ANNUAL PERMIT EXPIRES YEARLY ON DECEMBER 31ST UNLESS OTHERWISE NOTED)

THIS APPLICATION MUST BE COMPLETE AND SUBMITTED 14 BUSINESS DAYS PRIOR TO OPERATION

M.F.E. APPLICATIONS THAT ARE INCOMPLETE, RECEIVED ON, OR POST MARKED LESS THAN 14 BUSINESS DAYS PRIOR TO OPERATION WILL BE ASSESSED AN ADDITIONAL LATE FEE. NO APPLICATION WILL BE ACCEPTED 3 BUSINESS DAYS OR LESS BEFORE AN EVENT.



REVIEW



DOUBLE CHECK



SUBMIT

Review the entire application.
Gather all necessary paperwork.

Use the Checklist below to make sure
you have everything you need for a
complete application.

Submit your application with all
required paperwork, insurances,
and payment.

**ALL BOARD OF HEALTH PERMIT APPLICATIONS
SHOULD BE SENT TO ITS MAIN OFFICE**



**Mendon Board of Health
18 Main Street
Mendon, MA 01756**

- ☐ APPLICATION PAGES 1 – 10 COMPLETED (NO BLANK LINES – Put “N/A” if not applicable)
- ☐ MENU OF MOBILE FOOD ESTABLISHMENT
- ☐ FOOD MANAGER CERTIFICATION **AND** ALLERGEN AWARENESS CERTIFICATION
- ☐ HAWKERS & PEDDLERS LICENSE
- ☐ COMMISSARY SERVICING AREA AGREEMENT
- ☐ MOBILE FOOD ESTABLISHMENT FIRE SAFETY CHECKLIST
- ☐ EVENT INFORMATION FORM
- ☐ ICE CREAM TRUCK VENDING PERMIT – **FOR ICE CREAM TRUCK VENDORS ONLY**
- ☐ MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION ATTESTATION
- ☐ MASSACHUSETTS WORKERS’ COMPENSATION INSURANCE AFFIDAVIT
- ☐ COPY OF ACORD CERTIFICATE FOR GENERAL LIABILITY INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER
- ☐ COPY OF ACORD CERTIFICATE FOR WORKERS’ COMPENSATION INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (If Applicable)
- ☐ COPY OF **EACH MOBILE FOOD VEHICLE’S** CURRENT STATE REGISTRATION
- ☐ COPY OF **EACH MOBILE FOOD VEHICLE’S** CURRENT VEHICLE INSPECTION REPORT AVAILABLE AT WWW.MAVEHICLECHECK.COM
- ☐ **NON-REFUNDABLE APPLICATION FEE** (CHECK MADE PAYABLE TO THE TOWN OF MENDON)



**EMAILED APPLICATIONS
WILL NOT BE ACCEPTED**

**ALL APPLICATIONS MISSING PAYMENT, INFORMATION, DOCUMENTATION, AND/OR EXPIRED CERTIFICATION(S) WILL BE DENIED
AND RETURNED TO THE APPLICANT, RESULTING IN DELAY OF PROCESSING APPLICATION AND ISSUING OF THE PERMIT.**

APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.



Town of Mendon
Board of Health
18 Main Street | Mendon, MA 01756
PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

IMPORTANT:
Use the **TAB** key to move to the next line – **DO NOT USE** the **ENTER** key.

APPLICATION FOR MOBILE FOOD ESTABLISHMENT (M.F.E.) PERMIT
(ANNUAL PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

FEES ARE <u>PER VEHICLE</u> IN THE TOWN OF MENDON	CALENDAR YEAR			
	2025	2026	2027	2028
<input type="checkbox"/> 1-DAY EVENT ONLY PERMIT FEE	\$50	\$65	\$70	\$80
<input type="checkbox"/> ANNUAL PERMIT FEE	\$100	\$125	\$145	\$160

ANY APPLICATION THAT IS INCOMPLETE, RECEIVED ON, OR POST MARKED LESS THAN 14 BUSINESS DAYS WILL BE ASSESSED A LATE FEE TO THE FEE ABOVE. **NO APPLICATION WILL BE ACCEPTED 3 BUSINESS DAYS OR LESS BEFORE AN EVENT.**

LATE FEE			
2025	2026	2027	2028
\$50	\$65	\$70	\$80

Name of Mobile Food Establishment

Owner/Applicant Name

Company's Physical Address

City

State

Zip

Company's Mailing Address (If Different From Above)

City

State

Zip

Cell Phone Number

Owner's Email Address: To be used for Communications as in BOH Updates & Reminders of Application(s)

License Plate Number and State Issued of MFE Vehicle

BOARD OF HEALTH OFFICE USE ONLY	Permit # Issued:	COMPLETED APPLICATION
<div><input type="checkbox"/> APPLICATION PAGES 1 – 10 COMPLETED (NO BLANK LINES – Put “N/A” if not applicable)</div> <div><input type="checkbox"/> MENU OF MOBILE FOOD ESTABLISHMENT</div> <div><input type="checkbox"/> FOOD MANAGER CERTIFICATION AND ALLERGEN AWARENESS CERTIFICATION</div> <div><input type="checkbox"/> HAWKERS & PEDDLERS LICENSE</div> <div><input type="checkbox"/> COMMISSARY SERVICING AREA AGREEMENT</div> <div><input type="checkbox"/> MOBILE FOOD ESTABLISHMENT FIRE SAFETY CHECKLIST</div> <div><input type="checkbox"/> EVENT INFORMATION FORM</div> <div><input type="checkbox"/> ICE CREAM TRUCK VENDING PERMIT – FOR ICE CREAM TRUCK VENDORS ONLY</div> <div><input type="checkbox"/> MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION ATTESTATION</div> <div><input type="checkbox"/> MASSACHUSETTS WORKERS' COMPENSATION INSURANCE AFFIDAVIT</div> <div><input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR GENERAL LIABILITY INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER</div> <div><input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR WORKERS' COMPENSATION INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (If Applicable)</div> <div><input type="checkbox"/> COPY OF <u>EACH MOBILE FOOD VEHICLE'S</u> CURRENT VEHICLE INSPECTION REPORT AVAILABLE AT WWW.MAVEHICLECHECK.COM</div> <div><input type="checkbox"/> NON-REFUNDABLE APPLICATION FEE (CHECK MADE PAYABLE TO THE TOWN OF MENDON)</div>		
HEALTH AGENT NOTE(S):		

- ☐ Hawker & Peddlers License – Expiration Date: _____ (Provide Copy with Application)
- ☐ Service Agreement – Supply Agreement and Copy of Permit for Licensed Facility (Base of Operations – Licensed facility at which your Unit is cleaned and sanitized and where food preparation is conducted.)

Hand-washing facilities available in/on the M.F.E. are easily accessible and provided with the following:

- ☐ Hot Water (Temperature Requirement: 100°F - 103°F)
- ☐ Paper Towels
- ☐ Liquid Soap
- ☐ Signage (Must note sink is for hand-washing only)
- ☐ Trash Container

Will gloves be available for use by your employees? ☐ YES ☐ NO # of Employees: _____

Disposable gloves & hand sanitizers can provide an additional barrier to contamination but are **NOT** a substitute for handwashing.

Do you have immediate access (located in food establishment) to a dishwasher or 3-Compartment Sink? ☐ YES ☐ NO

If “No” – please explain method of cleaning utensils and equipment during event:
 Utensils must be cleaned or replaced every 4 hours! Separate utensils must be utilized for handling raw and cooked animal foods during the cooking process!!!!

SANITIZER: Type of sanitizer you will be using: _____

- Sanitizer test kit must be available for use in mobile food establishment.
- **All food contact surfaces must be sanitized and kept clean at all times.**

GREASE DISPOSAL: Explain method for grease removal and where it will be disposed.

FOOD PREPARATION: Menu – Attach Menu List of **ALL FOOD ITEMS** to be served at the Event(s).

Will all foods be prepared at the event WITHIN the M.F.E.? ☐ YES (Fill out Section B below)
☐ NO (Fill out **both** Sections A & B below)

SECTION A: At the LICENSED KITCHEN (You **MUST** attached copy of food permit and agreement for use of another licensed food establishment along with their **MOST RECENT** Inspection Report)

List each potentially hazardous food item, and for each item, check which preparation procedure will occur.

Food	Thaw	Cut / Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding
1.							
2.							
3.							
4.							
5.							

SECTION B: In The MOBILE FOOD ESTABLISHMENT

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

Food	Thaw	Cut / Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding
1.							
2.							
3.							
4.							
5.							

FOOD PROTECTION, TRANSPORTATION & STORAGE

Describe measures to protect food and maintain temperature (HOT and COLD) during transportation from approved kitchen to event:

Describe measures to protect food and maintain temperature (HOT and COLD) while in **storage** at event:

Describe measures to protect food and maintain temperature (HOT and COLD) during **display** at event:

Food grade thermometers MUST be on-site to verify hot and cold temperatures.

Water and Ice **MUST** be from an approved source – list source(s): _____

Ice used for cold storage for food products MUST NOT be dispensed for consumption to consumer

Packaged food may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, its container or its positioning in the ice or water – Unpackaged food may not be stored in direct contact with un-drained ice.

Explain how food stored in ice will be adequately protected from melting water?

How will FROZEN food be thawed, if necessary, prior to service?

Food source(s) – please list all locations at which food will be purchased for this event: (Receipts for food products must be made available to health agent upon request.)

***** **IMPORTANT NOTICE** *****

Unless only **NON-TCS Foods** (Time/Temperature Controls Safety, formerly called Potentially Hazardous Food - PHF) are served, each Mobile Food Establishment shall be required to always have a certified **Food Protection Manager** on staff when food is being prepared and/or served while operating in the Town of Mendon.

You **MUST** provide copy of all certifications with this application.

- ☐ **Food Manager Certification(s)** ☐ **Allergen Awareness Certification(s)**
☐ **Food Manager Certificate is NOT attached – we will NOT be preparing any TCSs.**

I certify by signing this application that I have received and read the Mendon Board of Health Guidelines for operating a Mobile Food Establishment and I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments and that this Mobile Food Establishment will be operated and maintained in accordance with these guidelines and regulations.

Signature of Mobile Food Establishment Owner: _____

Date: _____



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C, Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

Company Name

Company Phone Number

Company's Physical Address

City

State

Zip

Company's Mailing Address (If Different from Above)

City

State

Zip

*Signature of Individual (Mandatory)

by: Corporate Officer (Mandatory, If Applicable)

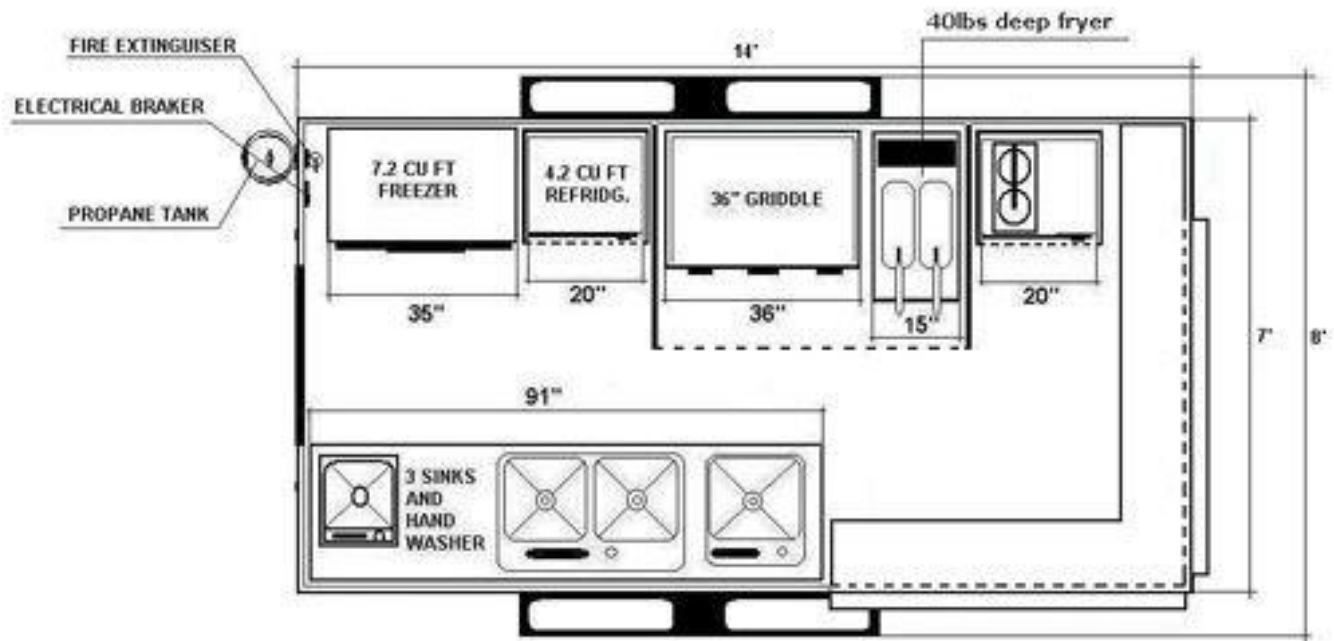
**Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

Layout of Mobile Food Establishment - Using sample below – please describe the layout of your mobile food establishment

SAMPLE OF MOBILE FOOD ESTABLISHMENT LAYOUT:



*****If you are using propane and your propane storage is over 42 lbs and the propane tanks are NOT affixed (welded) to the truck, you must complete the [MFE Propane Information Worksheet](#) and schedule a separate inspection with the Mendon Fire Department.***

YOUR MOBILE FOOD ESTABLISHMENT LAYOUT – Please note length and width on diagram along with all food equipment (cooking, hot holding, cold holding sinks (hand-wash/food prep/3bay), water tank, wastewater tank, propane tank, hot water unit, power source, etc.)

OPERATING INFORMATION

- One Day Mobile Food Establishment Permit Application – please complete **Section A** below.
- For Annual Mobile Food Establishment Application – please complete **Section B** below.

Section A – Required for One-Day Permit Applications

EVENT Name: _____

EVENT Location: _____

EVENT Date(s): _____

Rain Date(s): _____

Expected # of patrons: _____

EVENT Hours of Operation: _____

EVENT Set Up (Date & Time): _____

EVENT Contact Person (Name): _____

EVENT Contact Person (Phone #): _____

EVENT Contact Person (Mailing Address): _____

EVENT UTILITIES:

Describe Electrical supply (Generator or supplied by Event):

--

Describe Potable Water Supply (supplied at Event or from Commissary):

--

Describe means for Wastewater Disposal (wastewater tank on M.F.E. to be emptied at Event or at Commissary):

--

Describe for Garbage Disposal & Collection (will trash be taken with you or will Event remove):

--

Section B – Required for Annual Permit Applications

Operating Location(s): (Letters of agreement for use of the below listed location must be provided)

--

Expected Hours of Operation: _____

By signing below, I acknowledge that I am required to notify the Board of Health of any changes in the above information regarding the location and hours of operation within the Town of Mendon.

Signature of Mobile Food Establishment Owner: _____

Date: _____

ADDITIONAL MOBILE FOOD TRUCK(S):

(2) License Plate #: _____	Registered in the State of: _____
(3) License Plate #: _____	Registered in the State of: _____
(4) License Plate #: _____	Registered in the State of: _____
(5) License Plate #: _____	Registered in the State of: _____

SERVICING AREA AGREEMENT

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

MOBILE FOOD ESTABLISHMENT (MFE) NAME:

OWNER (S) NAME:

PHONE #:

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above-mentioned business owner/operator on a:

☐ Daily Basis ☐ Weekly Basis ☐ Other, Explain: _____

- | | |
|--|---|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Waste Water Disposal | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Cleaning Area for Mobile Food Establishment | <input type="checkbox"/> Utensil Washing Area |
| <input type="checkbox"/> Overnight Storage for Mobile Food Establishment | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Overnight Refrigeration | <input type="checkbox"/> Prepackaged Foods for Retail Sale |

Servicing Area Name:

Owner/Manager:

Phone Number:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address:

Food Establishment Permit Issued by:

Town/City

Permit #
(Attach copy of Permit/License issued by regulatory agency)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

Signature of Owner/Manager:

Date:

**Town of Mendon****Board of Health**

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

MOBILE FOOD ESTABLISHMENT (M.F.E.) FIRE SAFETY CHECKLIST
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

ESTABLISHMENT NAME _____

GENERAL	YES	NO
1. Is the cooking equipment always attended?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all required ventilation openings open during cooking operations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the cooking hood/ventilation system free from grease?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the M.F.E. parked at least 10 feet away from buildings, other vehicles, or combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the vehicle parked on site so as not to block fire hydrants, fire lanes, fire dept. connections, exits, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a diagram of where the M.F.E. will be parked on site and identify the distance from buildings, fire hydrants, fire lanes, fire department connections, exits and combustibles.		
TRAINING - Please provide a detailed explanation about the training procedures for employees and the name of the employee, owner and/or operator who provided the training for each category below:		
6. Are employees trained in how to shut off fuel sources (e.g., propane, generators)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are employees trained in how to notify the local fire department in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are employees trained in proper storage, handling, and fueling procedures?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are employees trained in how to perform a leak test and when one is needed?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are employees trained in the proper use of portable fire extinguishers and hood extinguishing systems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Please explain how employees are trained in the proper use of the cooking equipment used on the M.F.E? _____ _____ _____		
FIRE PROTECTION (Portable Fire Extinguishers) Please provide proof of the following:		
12. Portable fire extinguishers are charged, not obstructed, and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>
13. Portable fire extinguishers are located near the cooking appliance, solid fuel storage, and any portable energy source (e.g., generator)? <i>Please note the location(s) on the Diagram on Page 5.</i>	<input type="checkbox"/>	<input type="checkbox"/>
HOOD FIRE SUPPRESSION SYSTEM		
14. The hood fire suppression system is charged and in operating condition? <i>Please provide date of service _____ and attach a copy of the inspection sticker from the unit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
FUEL AND POWER SOURCES - PROPANE		
15. Is the propane system inspected prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are the propane tanks secured in an upright position?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are the propane tanks within their hydrostatic test date?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the propane system in good condition (i.e., no leaks, rust)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the propane system been leak tested? (If Yes – Leak Test Date: _____)	<input type="checkbox"/>	<input type="checkbox"/>
20. Has a leak test been performed when a new tank is installed, or a modification to the system has been made? <i>Please attach documentation for any leak test.</i>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the main shut-off marked in plain view and easily accessible? <i>Please provide location of main shut off on diagram on Page 5.</i>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the fuel supply shut off when not in use and while in transit?	<input type="checkbox"/>	<input type="checkbox"/>
23. On gas system piping, is a flexible connector installed between the regulator outlet & the fixed piping system?	<input type="checkbox"/>	<input type="checkbox"/>

– CONTINUE ONTO NEXT PAGE –

FUEL AND POWER SOURCES - ELECTRICAL	YES	NO
24. Is the electrical system and other equipment in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the extension cords in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
26. Is the electrical system, including extension cords, in accordance with the electrical code?	<input type="checkbox"/>	<input type="checkbox"/>
FUEL AND POWER SOURCES - GENERATORS	YES	NO
27. Are generators placed at least 10 feet from buildings, other vehicles, or combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are generator exhausts directed away from the mobile cooking vehicle, vehicles, buildings, structures, exits, and openings?	<input type="checkbox"/>	<input type="checkbox"/>
29. Are generators protected from contact by the public? Please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
30. Are fuel supplies safely stored? Please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
31. When refueling, are the generators shut down, engine cooled, and then refueled?	<input type="checkbox"/>	<input type="checkbox"/>
FUEL AND POWER SOURCES – SOLID FUEL	YES	NO
32. Is combustible solid fuel stored properly and away from combustibles or heat producing appliances?	<input type="checkbox"/>	<input type="checkbox"/>
33. Are ashes, cinders, and other fire debris removed at the end of the day and stored in a proper container away from the vehicles, buildings, and combustibles? Please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 and 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 § 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: ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board

☐ Selectmen's Office ☐ 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."

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.

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.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center 2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia

SAMPLE OF ACORD INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A :</td> </tr> <tr> <td colspan="2">INSURER B :</td> </tr> <tr> <td colspan="2">INSURER C :</td> </tr> <tr> <td colspan="2">INSURER D :</td> </tr> <tr> <td colspan="2">INSURER E :</td> </tr> <tr> <td colspan="2">INSURER F :</td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
CONTACT NAME:																					
PHONE (A/C, No, Ext):	FAX (A/C, No):																				
E-MAIL ADDRESS:																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A :																					
INSURER B :																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

MENDON BOARD OF HEALTH
18 MAIN STREET
MENDON, MA 01756
BOH@MENDONMA.GOV

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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MOBILE FOOD ESTABLISHMENT (M.F.E.) APPLICATION AND REQUIREMENTS

Guidelines and Requirements for obtaining a M.F.E. Permit

Due to the increasing popularity of Mobile Food Establishment and Food Establishment events, the Board of Health has prepared this packet of information for M.F.E. vendors seeking a Food Permit to operate in the Town of Mendon.

As you know, mobile food establishments offer a wide assortment of foods through a variety of ways – from simple push carts to full-service mobile food operations. We have intended for this guide to be as comprehensive as possible to cover these various operations, so while it may seem cumbersome to address all aspects of the application process, please know that we will work with you to obtain compliance and to make your mobile food establishment a success while it operates in town.

We ask that you complete the entire application. Incomplete applications will take longer to process and may delay your ability to participate in a town event. Please do not hesitate to contact us with your questions.

Inside this packet you will find:

1. Mobile Food Establishment Guidelines, Expectations and Requirements
2. Application Checklist
3. Application for Mobile Food Establishment Permit
4. Mobile Food Establishment Layout Plan
5. REAP Attestation Form
6. Workers Compensation Affidavit
7. Establishment Inspection Checklist
8. Event Information
9. Sample Servicing Area Agreement
10. Compliance/Inspection Checklist

Our top priority is always to protect the public health and ensure food safety in the Town of Mendon. We look forward to working with you!!

Mobile Food Establishment Guidelines, Expectations and Requirements

1. A permit is required. Permits may be for One-Day or issued Annually.
 - A 1-Day permit allows your food establishment to operate in the Town of Mendon for a 1-day event.
 - An Annual Permit requires submission of a *Letter of Consent* for use of private property (where mobile food establishment will be operating).
2. An inspection of the food establishment is required – see Mobile Food Establishment Inspection Checklist. Your Food Permit will not be issued until an inspection has been conducted.
3. Only the M.F.E. that is inspected by the Mendon Health Agent shall be allowed to operate in Town. No additional M.F.E.'s operating under your food establishment name are allowed UNLESS they are inspected and permitted.
4. The M.F.E. operator must notify the Board of Health of the locations (where & when) they are in operation in Town.
5. All foods must be from an approved source. Receipts shall be provided to the Health Agent upon request and shall be maintained on/in the M.F.E.
6. Water supply must be from an approved source. Water from a private well will not be allowed unless it is approved by a Department of Environmental Protection as a potable water source.
7. Mechanical refrigeration is required when the M.F.E. is selling/distributing ready-to-eat potentially hazardous foods.
8. All food, equipment, utensils and single service items shall be handled and stored in such a manner to prevent contamination. (Covered, stored in clean containers, and kept 6 inches off the floor)
9. **NO FOODS MAY BE PREPARED OR STORED IN A RESIDENTIAL KITCHEN OR PRIVATE HOME.** *Exceptions: Non-Potentially Hazardous Foods (PHF) such as cakes and cookies prepared in a **licensed** Residential Kitchen are allowed provided that the M.F.E. applicant is the Residential Kitchen License permit holder and a copy of his/her food permit and Inspection Report is included with this application.*
10. HANDWASHING FACILITIES MUST BE PROVIDED. Hand-wash sinks must be located in such a way that they are easily accessible. The use of disposable gloved can provide an additional barrier to contamination, but gloves are not a substitute for hand washing.

11. Bare hand contact with ready-to-eat foods is not allowed. Disposable non-latex gloves shall be readily available to M.F.E. employees.
12. Ice used to cool cans and bottles shall not be used in beverage cups and should be stored separately. Ice must come from an approved source. Use a scoop to dispense ice – never use hands. *Ice can become contaminated with bacteria and viruses and can cause food-borne illness.*
13. All food equipment must be NSF/ANSI certified.
14. The use of crock pots is PROHIBITED. (Slow-cooking may activate toxins that can survive the cooking process.)
15. Garbage and refuse shall be disposed of in a sanitary manner. The premises shall be kept clean.
16. All trucks shall have walls and floors that are smooth, durable, easily cleanable, and non-absorbent. Floor and wall junctures shall be coved and sealed.
17. Food contact surfaces shall be non-toxic, smooth, easily cleanable and free of rust, dents or pitting.
18. Hot holding temperature requirement: 135°F or Higher @ all times
19. Cold holding temperature requirement: 41°F or Below @ all times
20. Thermometers must be present in cold-holding and hot-holding cabinets and be working properly at all times.
21. NO SMOKING is allowed.
22. A manager certified in food safety **MUST** be present at ALL times the M.F.E. is in operation. His/her food manager certification and allergen awareness certification must be posted within the M.F.E.
23. M.F.E.'s, while operating in the Town of Mendon, must post their food permit.
24. The required allergen awareness statement must be posted and visible.
25. M.F.E.'s must operate from a licensed commissary or other base of operations which is licensed and inspected by the Board of Health within that town. A Service Agreement AND copy of food permit for the commissary **MUST** be provided with your application.
26. M.F.E.'s with no commissary agreement must be fully contained – supplied with a 3-bay sink, hand-wash sink, mechanical refrigeration, basically a restaurant on wheels. Food receipts must be provided the day of the event showing date of purchase for food products.
27. Straws (if provided) shall be individually wrapped.
28. ***Ice Cream Truck Vendors MUST include your Ice Cream Truck Vending Permit (issued by the Police Department)***
<https://www.mass.gov/information-about-ice-cream-truck-vendors>



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

MOBILE FOOD ESTABLISHMENT INSPECTION CHECKLIST

TIME FOR YOUR MOBILE FOOD ESTABLISHMENT INSPECTION – WHAT IS EXPECTED

Please utilize the checklist below to assist you in preparation of your mobile food establishment inspection.

MOBILE FOOD ESTABLISHMENT MUST BE IN A CLEAN AND SANITARY CONDITION AT TIME OF INSPECTION –

If establishment is not clean, the inspection will be re-scheduled and a re-inspection fee of \$50.00 will be required before a permit is issued.

- ☐ Establishment must be operational at time of inspection – including refrigeration – refrigeration temperatures will be checked. Please arrive early enough to get your M.F.E. in full operating condition prior to your scheduled time inspection.
- ☐ Food Permit **MUST** be posted immediately upon receipt and remain posted at event
- ☐ Food Manager certificate **MUST** be posted – Food Manager must be on-site at event
- ☐ Allergen Awareness certificate **MUST** be posted
- ☐ Allergen signage **MUST** be posted “Before placing your order, please inform your server if a person in your party has a food allergy.”
- ☐ All hand-wash sinks must be supplied with hot water, liquid soap, paper towels, trash container, and signage indicating handwashing only at the sink.
- ☐ Hot water must be provided and must meet minimum temperature requirements. (100° F - 130° F)
- ☐ Sanitizer on site – able to test (test strips available)
- ☐ Gloves on site
- ☐ Food product thermometers on site
- ☐ If inspection occurring at event – receipts for food shall be made available to the inspector
- ☐ Water tank capacity
- ☐ Wastewater tank capacity
- ☐ Proper certifications for Ansul/Hood Systems (Fire Department inspection may be required)
- ☐ Fire extinguisher on board - recently inspected.