



## TOWN OF DIGHTON

BOARD OF HEALTH  
1111 SOMERSET AVE  
DIGHTON, MA 02715  
TEL: (774) 872-0943

FOR OFFICE USE ONLY  
PERMIT NO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
CHK# & PMT: \_\_\_\_\_

**Fee \$125.00**

### APPLICATION FOR LICENSE TO OPERATE A MOBILE FOOD SERVER

Application is hereby made to sell food products from a mobile food server in the Town of Dighton, Massachusetts.

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEDERAL ID/SOCIAL SECURITY NUMBER: \_\_\_\_\_

If applicant is a partnership, full name and address of all partners: \_\_\_\_\_

If applicant is a corporation: \_\_\_\_\_ State of Corp: \_\_\_\_\_

President: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Clerk: \_\_\_\_\_

CERTIFIED FOOD MANAGER: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Include copy of certification)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food operation will comply with 105 CMR 590.000 and all other applicable laws.

To obtain a copy of the CMR 105 590.000, MA Retail Food Safety Information visit...

<https://www.mass.gov/doc/105-cmr-590-state-sanitary-code-chapter-x-minimum-sanitation-standards-for-food-establishments/download>

Food Code 1999 information visit... <https://www.fda.gov/food/fda-food-code/food-code-1999>

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

Print Name: \_\_\_\_\_

I certify under the penalties of perjury to the best of my best knowledge and belief, have filed all state tax returns and have paid all state taxes required under the law.

\_\_\_\_\_  
Signature of Individual  
Or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, if applicable)

**\*\*THIS PERMIT EXPIRES ON DECEMBER 31 OF THE CALENDAR YEAR GRANTED\*\***

Please submit with your application and a copy of your

- Driver's License
- MA Serve Safe Certification
- Food Handler or Food Manager Certification
- Vermin & Pest report dated within the last 12 months.

- Certificate of Registration,
- MA Allergen Awareness Training,
- Certificate of liability Insurance
- Payment of \$125.00