



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083 • Tel. 413- 436-5701 ext:112

Application for Annual Mobile Food Unit

Applications must be received 14 days prior to operation in the Town of Warren

Fee: \$120.00 Annually (per truck)

Name of Mobile Food Vehicle: _____

Business Address: _____

Mailing (if different): _____

E-Mail: _____ Phone Number: _____

Owner's Name & Phone Number: _____

Days and Hours of Operation & Location in Ludlow _____

Base of Operations Name & Address: _____

Required Documentation:

- Copy of Food Manager Certification
- Copy of Allergen Awareness Certification
- Full menu of all items offered
- Proof of establishment/commissary/leased kitchen (permit, license, or recent inspection report)
- Copy of your license from the town/city where the food is prepared
- Copy of the latest inspection report
- A sketch or photo of the floor plan for your mobile truck/trailer

****All Ice Cream Trucks must be registered with the Warren Police Department. Please [contact 413-436-9595](tel:413-436-9595) for the application process.**

*****Any Food Truck that carries more than 42 lbs. of propane must have a current Propane Permit issued by Warren Fire Department. Please [contact 413-436-5444](tel:413-436-5444) to apply for permit.**

****** Incomplete permits will not be reviewed; please ensure you have submitted all necessary documentation.**



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An inspection must be conducted prior to permit issuance. Please contact the Board of Health Department to schedule a pre-operational inspection. Only food trucks that have been inspected may operate in the Town of Warren, please ensure fees are paid and pre-operational inspections are conducted for every food truck operated in the Town of Warren.

Permit must be on-site during operation in the Town of Warren.

The Board of Health must be informed of when you are conducting business in the Town. An inspection may be conducted at any time you are operating in the Town.

Please contact the Board of Health with any questions.

I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 590.000). I agree to allow the Board of Health, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____

Signature: _____

Date: _____

For Official Use Only

Date: _____ Fee Paid: \$ _____ Check #: _____ Permit #: _____

Date of Review: _____

Reviewed by: _____