

TOWN OF NORTH ANDOVER
Community & Economic Development
HEALTH DEPARTMENT
120 Main St.
NORTH ANDOVER, MASSACHUSETTS 01845



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WEBSITE: <http://www.northandoverma.gov>

APPLICATION FOR MOBILE FOOD PERMIT

- Name of vehicle: _____
- Owner: _____ Telephone: _____
- Address: _____
- Type of vehicle: _____ Plate #: _____
- Day & hours of operation: _____
- State Hawkers License #: _____
- List food items sold: _____
- Location of base of operations: _____
- Water System: Hot & cold water under pressure: Yes: _____ No: _____
- Capacity of water supply tank: _____ gals Capacity of waste retention tank: _____ gals
- Name of certified food handler: _____
- Contact Numbers: _____
- Where is commissary located: _____

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- **PLEASE ATTACH A LIST OF SCHEDULED STOPS WITHIN NORTH ANDOVER AND APPROXIMATE TIMES.**
 - **PLEASE ATTACH A COPY OF YOUR COMMISSARY AGREEMENT**
 - **PLEASE ATTACH A COPY OF YOUR CURRENT PERMIT (new mobile food applications only)**
 - **APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE PLANNED ACTIVITY. (for new mobile food applications only)**
 - **FOOD CARTS/VEHICLES MUST BE INSPECTED 10 DAYS BEFORE PLANNED ACTIVITY. (for new mobile food applications only)**

Date of Application

Signature

Fee: \$140 for on-site prep; or
Fee: \$95 for non-on-site prep