



# GREENFIELD BOARD OF HEALTH

Town Hall • 14 Court Square • Greenfield, MA 01301  
Phone 413-772-1404 • Fax 413-772-2238

Fee paid: \_\_\_\_\_

Permit# \_\_\_\_\_

## PERMIT APPLICATION FOR MOBILE UNITS AND PUSHCARTS

**Mobile food units and pushcarts shall operate in compliance with 105 CMR 590.000 – Minimum Sanitation Standards for Food Establishments**  
**Non-refundable Annual Fee - \$110.00**

### APPLICANT'S INFORMATION

Name of Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone Number - Primary: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

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

Owner/Operator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_

Phone Number: Primary: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### BASE OF OPERATION

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

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

Owner/Operator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_

Phone Number: Primary: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mobile Food Unit: \_\_\_\_\_ Pushcart: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE RETURNED BEFORE A PERMIT WILL BE ISSUED.**

**Return application and check payable to the Town of Greenfield to:**

*Town of Greenfield  
Health Department  
14 Court Square  
Greenfield, MA 01301*

## **DEFINITIONS:**

- **Mobil Food Unit:** Vehicle-mounted food establishment designed to be readily moveable
- **Pushcart:** Non-self propelled vehicle limited to the following: service of non-potentially hazardous foods, service of wrapped food preparation at a food processor or food service establishment and maintained at proper temperatures or preparation and service of frankfurters.

## **RESTRICTIONS:**

- Food preparation is not permitted on pushcarts, except for frankfurters.
- A potable water system is required on any mobile food unit that handles unwrapped bulk foods and/or conducts any food preparation including reheating (with the exception of frankfurters).
- The Board of Health may impose additional requirements and may prohibit the sale of some or all potentially hazardous food.
- Food items must be obtained from a facility holding a food processor license or a food establishment permit. Potentially hazardous foods (PHF's) may not be prepared in a residential kitchen or private home.
- Mobile food units and pushcarts must operate from a base of operations with complies with the requirements of 105 CMR 590.000.

**THE APPLICANT SHOULD PROVIDE THE FOLLOWING AT THE TIME OF INSPECTION FOR A FOOD ESTABLISHMENT PERMIT:**

- Completed application for permit and revenue attestation form (include name and address of base of operation).
- Mobile Food Unit/Pushcart Plan and Operations Review Questionnaire (complete as much as possible prior to the inspection).
- List of all food on menu with names and address of sources.
- List of available handwashing and toilet facilities on each route.
- Four (4) photographs (back, front, left and right sides) of mobile food unit/pushcart. Lettering/license plate should be easily legible.
- Copy of 105 CMR 590.000.
- If equipped with propane, fryolator, etc., a fire extinguisher that meets fire department regulations.
- Hawkers and Peddlers License (Division of Standards).

**AT TIME OF INSPECTION, THE MOBILE FOOD UNIT/PUSHCART MUST:**

- Have a finished interior and exterior with properly installed equipment in working order.
- Be fully operative -- i.e. all water tanks must be filled and all equipment operating (electric pumps, refrigerators, exhaust fans, hot water tanks, etc.)
- Have protective dispensers for bulk condiments and single service articles which are not individually wrapped.
- Have the name and address displayed on each of the vehicle in letters at least three (3) inches in height. (Identical units bearing the same name and logo should each bear a unique identifying number.)
- Be operated by an individual who is neat and clean in appearance, and who wears a full-length apron, smock or uniform and effective hair restraint.

**A. FOOD SUPPLIES**

1. Are all food supplies (including ice and water) from inspected and approved sources?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Will all pre-packaged food be labeled with the name and address of manufacturer, name of product, list of ingredients and net weight?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Will all pre-packaged, potentially hazardous foods (phf's) also be labeled with a sell-by date?

YES \_\_\_\_\_ NO \_\_\_\_\_

## B. FOOD STORAGE

1. Is adequate freezer and refrigerator (mechanical/ice) available to maintain: Frozen foods at 0° F and below? YES \_\_\_\_\_ NO \_\_\_\_\_  
Refrigerated foods at 41° F and below? YES \_\_\_\_\_ NO \_\_\_\_\_

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

NOTE: Packaged foods shall not be stored in contact with water or undrained ice.  
Wrapped sandwiches shall not be stored in direct contact with ice.

2. Is each refrigeration unit/freezer equipped with a thermometer?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Will raw phf's be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Will all unwrapped foods be protected from dust, road dirt, insects, etc?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Will there be an up-to-date hood and suppression system over the grill if grease laden vapors are being produced? (i.e., bacon frying, hamburgers, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_

## C. CONSTRUCTION

1. Is the unit constructed of safe materials that are durable, smooth and easily cleanable?

YES \_\_\_\_\_ NO \_\_\_\_\_

Describe construction materials:

---

---

2. Is the unit constructed and arranged so that food, drink and utensils will not be exposed to insects, rodents, dust or other contaminants?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are protective covers provided for unwrapped foods on display?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Does the mobile food unit/pushcart have the name and address of the owner or company displayed on either side in letters at least 3 inches in height?

YES \_\_\_\_\_ NO \_\_\_\_\_

D. WATER SYSTEM/WASTE RETENSION

1. Is a sink with hot and cold running water available for handwashing?  
YES \_\_\_\_\_ NO \_\_\_\_\_

2. Are sinks with hot and cold running water available for handwashing equipment and utensils?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, state dimension (length x width x height)

\_\_\_\_\_

If no, where will equipment and utensils be cleaned and sanitized?

\_\_\_\_\_

3. Sanitizing Agent: \_\_\_\_\_ Concentration: \_\_\_\_\_ (ppm)  
Are test papers available to measure the strength of sanitizing solution?  
YES \_\_\_\_\_ NO \_\_\_\_\_

4. Size of water supply tank: \_\_\_\_\_ gallons.  
Size of waste retention tank: \_\_\_\_\_ gallons.  
(NOTE: should be 15% greater than water tank.)

5. Is water inlet of supply tank kept capped (while not being filled) and located in such a manner that it will not be contaminated by waste discharge, road dust, oil or grease?  
YES \_\_\_\_\_ NO \_\_\_\_\_

6. Is the waste retention tank connection located lower than the water inlet connection?  
YES \_\_\_\_\_ NO \_\_\_\_\_

7. How and where will the liquid waste from the retention tank be disposed of?

\_\_\_\_\_

\_\_\_\_\_

NOTE: A mobile food unit servicing area must be approved at the base of operation if:

- Unpackaged food is placed on the mobile food unit/pushcart, and or
- The mobile food unit is equipped with waste retention tanks.

E. FOOD PREPARATION

NOTE: Applies only too mobile food units with water systems. Mobile food units without water systems and pushcarts are limited to the sale of non-potentially hazardous foods, pre-packaged potentially hazardous foods and the preparation of hotdogs.



1. List how each category of hot foods will be cooked/reheated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How will bulk foods be maintained at 140° F?

\_\_\_\_\_  
\_\_\_\_\_

3. Will food product thermometers (0° - 212° F) be used to measure temperatures of phf's after cooking/reheating and during holding?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Will sandwiches, salads and other cold ready to eat foods be prepared and/or assembled on site?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. How will dispensing utensils be stored?

\_\_\_\_\_  
\_\_\_\_\_

6. How will utensils be cleaned and sanitized if necessary during use?

\_\_\_\_\_  
\_\_\_\_\_

7. Describe handwashing facility on unit:

\_\_\_\_\_  
\_\_\_\_\_

8. Will any self-service of bulk foods be allowed?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Are all condiments, coffee creamers, sugar, etc., individually wrapped or stored in sanitary containers?

YES \_\_\_\_\_ NO \_\_\_\_\_

10. Are all single-service articles individually wrapped or stored in sanitary containers?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. Will bulk phf's be discarded at the end of each business day?

YES \_\_\_\_\_ NO \_\_\_\_\_

How will out of date packaged phf's be handled?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT COMPLETED QUESTIONNAIRE WITH PERMIT APPLICATION. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE HEALTH DEPARTMENT.**



**An inspection of the mobile unit must be conducted before operation. Please schedule a time with the Health Department for a pre-operation inspection. Remember to give yourself enough time to correct any violations before your anticipated start date.**

By signing this form, I acknowledge that I have read and understand all of the above statements.

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

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

