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Health Agent

CITY OF EASTHAMPTON

BOARD OF HEALTH

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Public Health
Prevent. Promote. Protect.

Application to Operate a Mobile Food Unit

Fee: \$100

One Time Plan Review Fee: \$100 (for first time applicants only)

Mobile food units and pushcarts shall operate in compliance with 105 CMR 590.000 – Minimum Sanitation Standards for Food Establishments

Business Name: _____

Owner Name: _____

Owner Address: _____

Owner Phone #: _____

Base of Operation: _____

Base of Operation Address: _____

Base of Operation Phone #: _____

Type of Unit: _____ Mobile _____ Pushcart (limited to non-TCS foods only)

Attachments required (incomplete applications will not be accepted):

- Photos of unit including front, sides, and back. Unit must be easily identifiable with name of business. (Not required for renewal, only new applicants)
- Proposed menu
- Names and addresses of food sources
- Food Protection Manager certificate
- Allergen Awareness certificate
- Declaration of Base of Operations & copy of current base of operations license

For specific requirements of your unit, please view the Mobile Food Establishment Pre-Operational Checklist for guidance prior to scheduling your inspection.

Signature: _____

Title: _____ Date: _____

Declaration of Base of Operations

Pursuant to 105 CMR 590.009(A) (B) Caterers, 105 CMR 590.009 (B) 12) Mobile Units and Pushcarts shall operate from a base of operations.

(1) Caterers, mobile food unit and pushcart owners shall operate from a licensed (fixed) food establishment. Mobile food unit and pushcart owners shall report at least daily to such location for all food and supplies and for all cleaning and servicing operations.

(2) The food establishment used as a base of operations for caterers, mobile food units or pushcarts shall be constructed and operated in compliance with the requirements 105 CMR 590.000.

(3) Any food not completely prepared at the food both shall be prepared in a licensed kitchen AND this form be filled out.

I, owner of:

_____ (Name of business that will be used as a base of operations)

Whose business address and phone number is:

_____ (Base of operations business address) (Phone number)

Hereby state that I have given permission to:

_____ (Name of caterer, mobile or pushcart owner)

to use my licensed food establishment as a base of operations, to prepare catered foods or to service their mobile unit or pushcart and to store their food and supplies.

I, owner of: _____

(Caterer, mobile unit or pushcart business name)

promise to use the above identified licensed food establishment to prepare catered meals and/or to service my mobile unit or pushcart and to store, refrigerate, and prepare food as required by the State Sanitary Code, Article X, 105 CMR 590.000. I understand that failure to utilize the base of operations, as intended, will result in the immediate suspension of the food service permit issued by the Easthampton Health Department. I shall inform the Easthampton Health Department immediately if I stop using this base of operations.

Signed _____
Owner of Base of Operations

Signed _____
Caterer, Mobile Unit or Pushcart, Owner

Date: _____