



Department of Inspectional Services
Worcester, Massachusetts

Food Unit

John R. Kelly
Commissioner/
Building Commissioner

Amanda Wilson, Director
Housing/Health Inspections

PAYMENT IS DUE
WITH
APPLICATION
FEE: \$195.00

(FOR OFFICIAL USE)
APPROVED _____
DISAPPROVED _____
DATE: _____

(FOR OFFICIAL USE)
FEE PAID _____
DATE PAID _____
CT _____

APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD UNIT
MOBILE FOOD UNIT/PUSHCART PLAN AND OPERATIONS REVIEW

MOBILE FOOD UNIT ()

PUSHCART ()

NAME OF BUSINESS: _____

NAME OF OWNER: _____

OWNER ADDRESS: _____

MAILING ADDRESS: _____

OWNER TELEPHONE #: _____ EMAIL ADDRESS _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE #: _____

APPLICANT'S TITLE (owner, operator, etc.): _____

MOBILE UNIT VEHICLE REGISTRATION # _____

Do you have a state issued Hawkers & Peddlers License? YES _____ NO _____

NUMBER _____ EXPIRATION DATE _____

All applicants are required to have a local Hawkers & Peddlers License issued by the City of Worcester Chief of Police.

NUMBER _____ EXPIRATION DATE _____

Are you ServSafe certified? YES _____ NO _____

BASE OF OPERATION:

NAME: _____

ADDRESS: _____

CITY/TOWN: _____

TELEPHONE #: () _____ OWNER/MANAGER _____

TYPE OF ESTABLISHMENT: _____ PERMIT #: _____