



BOARD OF HEALTH  
577 Bay Road, P.O. Box 429  
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

PUSHCART / MOBILE FOOD OPERATIONS FOOD SAFETY PERMIT APPLICATION

\$100 Fee Payable to Town of Hamilton

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

Business Owner: \_\_\_\_\_

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

Business Telephone #: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Food Permit #: \_\_\_\_\_

MA Hawkers License #: \_\_\_\_\_

Please list names of employees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

\_\_\_\_\_

Date Range: \_\_\_\_\_

Locations: \_\_\_\_\_

\_\_\_\_\_

Where will the food be purchased/made: \_\_\_\_\_

\_\_\_\_\_

How will the food be transported and stored: \_\_\_\_\_

\_\_\_\_\_

How will any left-over food be disposed of: \_\_\_\_\_

\_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_ Date \_\_\_\_\_