

**TOWN OF FRANKLIN**  
**BOARD OF HEALTH**

Bruce J. Hunchard, Chairman  
Dr. Mario DeBaggis, V. Chairman  
Dr. Darrolyn Lindsey, Member  
David E. McKearney, R.S., Health Agent/Director

Municipal Building  
355 East Central Street  
Franklin, MA 02038  
(508) 520- 4905

No. \_\_\_\_\_

Fee \_\_\_\_\_

**APPLICATION FOR MOBILE FOOD PERMIT**

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

Name of Owner/s \_\_\_\_\_

Home Address of Owner/s \_\_\_\_\_

Tel. No. \_\_\_\_\_

1. Where is your main operation location in Franklin? Address \_\_\_\_\_  
Dates and Times: \_\_\_\_\_

2. Do you have a clearly labeled vehicle with company name and telephone no.? \_\_\_\_\_

3. What type of potable water supply do you use? \_\_\_\_\_

4. Who prepares your food for sale?

Name

Address

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

5. What methods of cold storage <41 degrees F and hot storage >140 degrees F, does your vehicle employ? \_\_\_\_\_  
\_\_\_\_\_

6. What method of handwashing do you employ? \_\_\_\_\_  
\_\_\_\_\_

7. What method of lavatory service do you use? \_\_\_\_\_  
\_\_\_\_\_

8. Show proof of other permits granted. \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I have received, read and understand the Requirements of Codes of Massachusetts Regulations, 105 CMR 590.00 Food Code.

Date \_\_\_\_\_

Signature \_\_\_\_\_