



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

MICHELLE M. FEELEY

DIRECTOR OF PUBLIC HEALTH

APPLICATION TO OPERATE A MOBILE VEHICLE/CART YEAR _____

Owner: _____

Address: _____

Phone: _____ Email: _____

Company Name: _____

Vehicle markings and ID: (Plate number – Color – Design – Logo's)

Truck vending location: _____

IMPORTANT INFORMATION

FIRST: An inspection of your vehicle must be done first, by Fire Prevention at 781-314-3710 and then by the Health Department at 781-314-3305 on the same day.

SECOND: An application, a check for \$220.00, updated Serv Safe and Allergen Awareness Certificates, State Hawker and Peddler License, a current inspection report, a license from the city/town you are located in, a menu of what will be served, and a copy of the Fire Certificate from Waltham are needed at the Health Department.

****All drivers and workers will be subject to CORI checks by Waltham Police Department. Please call Lt. Quaranto or Sgt. Gallant at 781-314-3580. A city Hawker and Peddler License may be required by the Waltham Police Department. The application is attached for your convenience.**

Check # _____ Dated _____

Cash _____ Received _____ Permit Mailed out _____

**List all drivers and/or workers who will be on your vehicle
(add separate sheet if needed)**

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License: _____

Approved by: _____

Waltham Police Department

Date & Time: _____

I certify that all information contained herein is true and accurate to the best of my knowledge and belief. I also certify that I will notify the Waltham Health Department should any information contained herein change, be modified or found to be inaccurate. I hereby certify that I am familiar with, agree to conduct business in this establishment in accordance with the Federal Food Code and 105. CMR 590.000.

Signature of Applicant: _____

Print Name: _____

Social Security/Federal ID Number: _____