



# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

JOHN P. ZUPPE

DIRECTOR OF PUBLIC HEALTH

## APPLICATION FOR A PERMIT TO OPERATE A MOBILE VEHICLE/CART

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

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

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

### IMPORTANT INFORMATION

**FIRST:** A Hawker-Peddler Permit from the State and the City of Waltham is required by the City Clerk's Office located at 610 Main Street.

**SECOND:** All drivers and workers will be subject to CORI and SORI background checks at the Waltham Police Department located at 155 Lexington Street. Please call Lt. Cavallaro at 781-314-3584.

**THIRD:** Upon completion of steps 1 and 2, an application, a check for \$220.00, updated Serv Safe and Allergen Awareness Certificates are needed at the Health Department. Please call Tom Creonte at 781-314-3311 to schedule an inspection of your vehicle.

**List all drivers and/or workers who will be on your vehicle  
(use 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: \_\_\_\_\_