

Date Received: \_\_\_\_\_ Amount Paid: **\$100** Check # \_\_\_\_\_ Permit # \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE HEALTH DEPARTMENT  
**APPLICATION TO OPERATE A  
MOBILE FOOD SERVICE ESTABLISHMENT  
2023**

Chicopee Health Department  
115 Baskin Drive, Chicopee, MA 01020  
(413) 594-3557

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

Name of Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Owner \_\_\_\_\_

Owner Email \_\_\_\_\_

Name of Operator (If Different from owner) \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Operator \_\_\_\_\_

Operator Email \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Check which type of Mobile Food Service Establishment applies:

- Mobile Food Unit (truck or trailer unit)       Pushcart       Ice Cream Truck

Name and address of Licensed Food Service Establishment or Food Processing Plant that Licensee operates from:

\_\_\_\_\_

Name of food sources/suppliers: \_\_\_\_\_

\_\_\_\_\_

**FOR VENDORS WHO HANDLE POTENTIALLY HAZARDOUS FOODS, CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND THE FOOD ALLERGEN AWARENESS CERTIFICATION MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.**

Certified Food Safety Manager(s) \_\_\_\_\_ Exp Date \_\_\_\_\_

Allergen Awareness Certificate Holder(s) \_\_\_\_\_ Exp Date \_\_\_\_\_

105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.  
105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.

N/A – Commercially pre-packaged food only

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to provide the Board of Health all required information and to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Date

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

NON-TRANSFERABLE

Apply online at: [permiteyes.us/chicopee/loginuser.php](https://permiteyes.us/chicopee/loginuser.php)

**Diagram of Your Mobile Food Establishment**

In the following space, provide a drawing of your Mobile Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, food and single service storage, garbage containers, customer service areas, etc.

**Menu**

Please list all foods and any special handling procedures that may apply. If there are any menu changes you must contact the health department

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**Equipment List**

Please provide a list of all equipment to be used. Include hot and cold holding units and methods. Also include hand wash station specifications. All equipment must be certified (i.e. UL, NSF, ANSI)

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## DOCUMENTS REQUIRED

Depending on the type of Mobile Food Service Establishment being applied for, copies of the following documents must be provided along with this application:\*

□ **Push Cart:**

- Driver's license or State Identification Card of operator
- RMV Vehicle registration (if required)
- MA Hawker and Peddler License [MA Division of Standards]
- Food Safety Manager Certification
- Food Allergen Awareness Certification
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant (i.e. commissary kitchen)

□ **Mobile Food Unit:**

- Driver's license of operator
- RMV Vehicle registration
- MA Hawker and Peddler License [MA Division of Standards]
- Food Safety Manager Certification
- Food Allergen Awareness Certification

□ **Ice Cream Truck:**

- Driver's license of operator
- RMV Vehicle registration
- Hawker and Peddler License
- Ice Cream Truck Vendor License [Chicopee Police Dept.]
- Frozen Dessert License (if serving dairy based soft serve ice cream)
- Food Safety Manager Certification
- Food Allergen Awareness Certification

\* If necessary, the Health Department may request more information than what is listed above.