

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; SUITE 2035
NORTH ANDOVER, MASSACHUSETTS 01845



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APPLICATION FOR MOBILE FOOD PERMIT

- Name of vehicle: _____
- Owner: _____ Telephone: _____
- Address: _____
- Type of vehicle: _____ Plate #: _____
- Day & hours of operation: _____
- State Hawkers License #: _____
- List food items sold: _____
- Location of base of operations: _____
- Water System: Hot & cold water under pressure: Yes: _____ No: _____
- Capacity of water supply tank: _____gals Capacity of waste retention tank: _____gals
- Name of certified food handler: _____
- Contact Numbers: _____

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- *APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE PLANNED ACTIVITY.*
 - *FOOD CARTS/VEHICLES MUST BE INSPECTED 10 DAYS BEFORE PLANNED ACTIVITY.*
 - *PLEASE ATTACH A LIST OF SCHEDULED STOPS WITHIN NORTH ANDOVER AND APPROXIMATE TIMES.*

Date of Application

Signature

Fee: \$140 for on-site prep; or
Fee: \$95 for non-on-site prep