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

Susan Y. Sawyer, REHS/RS
Public Health Director

978.688.9540 – Phone
978.688.8476 – FAX
E-MAIL: healthdept@townofnorthandover.com
WEBSITE: http://www.townofnorthandover.com

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: _____
- Where is commissary located: _____

- *PLEASE ATTACH A LIST OF SCHEDULED STOPS WITHIN NORTH ANDOVER AND APPROXIMATE TIMES.*
- *PLEASE ATTACH A COPY OF YOUR COMMISSARY AGREEMENT*
- *PLEASE ATTACH A COPY OF YOUR CURRENT PERMIT (new mobile food applications only)*
- *APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE PLANNED ACTIVITY. (for new mobile food applications only)*
- *FOOD CARTS/VEHICLES MUST BE INSPECTED 10 DAYS BEFORE PLANNED ACTIVITY. (for new mobile food applications only)*

_____ _____
Date of Application Signature

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