



**TOWN OF NORTHBRIDGE**  
**BOARD OF HEALTH**  
Aldrich School Town Hall Annex ~ 14 Hill Street  
Whitinsville, MA 01588  
Phone (508) 234-3272 Fax (508) 234-0821

**GUIDELINES AND APPLICATION REQUIREMENTS FOR OBTAINING A  
MOBILE FOOD TRUCK FOOD PERMIT**

Due to the increasing popularity of Mobile Food Trucks and Food Truck events, the Board of Health has prepared this packet of information for Food Truck vendors seeking a One-Day Food Permit to operate in the Town of Northbridge.

As you know, mobile food trucks offer a wide assortment of foods through a variety of trucks – from simple push carts to full-service mobile food operations. We have intended for this guide to be as comprehensive as possible to cover these various operations, so while it may seem cumbersome to address all aspects of the application process please know that we will work with you to obtain compliance and to make your food truck a success while it operates in town.

We ask that you complete the entire application. Incomplete applications will take longer to process and may delay your ability to participate in a town event. Please do not hesitate to contact us with your questions.

Inside this packet you will find:

1. Mobile Food Truck Guidelines, Expectations & Requirements
2. Application Checklist
3. Application for Mobile Food Truck Permit
4. Mobile Food Truck Layout Plan
5. REAP Attestation Form
6. Workers Compensation Affidavit
7. Truck Inspection Checklist
8. Event Information
9. Sample Servicing Area Agreement
10. Fire Department Guide, Compliance Checklist, & Permit Application

**Our top priority is always to protect the public health and ensure  
food safety in the Town of Northbridge.**

**We look forward to working with you!**



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## **MOBILE FOOD TRUCK GUIDELINES, EXPECTATIONS & REQUIREMENTS**

1. A permit is required. Permits may be for One-Day or issued Annually.

A One-Day permit allows your food truck to operate in the Town of Northbridge for a ONE day event.

An Annual Permit requires submission of a *Letter of Consent* for use of private property (where truck will be operating).

2. An inspection of the food truck is required – see Truck Inspection Checklist. Your Food Permit will not be issued until an inspection has been conducted.
3. Only the truck/trailer that is inspected by the Northbridge Health Agent shall be allowed to operate in Town. No additional trucks or trailers operating under your food establishment name are allowed UNLESS they are inspected and permitted. EACH truck or trailer will require its own separate food permit.
4. The Mobile Food Truck operator must notify the Board of Health of the locations (where & when) they are in operation in Town.
5. All foods must come from an approved source. Receipts shall be provided to the Health Agent upon request and shall be maintained on truck.
6. Water supply must be from an approved source. Water from a private well will not be allowed unless it is approved by the Department of Environmental Protection as a potable water source.
7. Mechanical refrigeration is required when Mobile Food Truck is selling/distributing ready-to-eat potentially hazardous foods.
8. All food, equipment, utensils and single service items shall be handled and stored in such a manner to prevent contamination. (covered, stored in clean containers, and kept 6” off the floor)
9. **NO FOODS MAY BE PREPARED OR STORED IN A RESIDENTIAL KITCHEN OR PRIVATE HOME.** *Exception: Non-PHF such as cakes and cookies prepared in a **licensed** Residential Kitchen are allowed provided that mobile food truck applicant is the Residential Kitchen License permit holder and a copy of his/her food permit and Inspection Report is included with this application.*
10. **HANDWASHING FACILITIES MUST BE PROVIDED.** Hand-wash sinks must be located in such a way that they are easily accessible. The use of disposable gloves can provide an additional barrier to contamination, but gloves are not a substitute for hand washing.
11. **Bare hand contact with ready-to-eat foods is not allowed.** Disposable non-latex gloves shall be readily available to food truck employees.

12. Ice used to cool cans and bottles shall not be used in beverage cups and should be stored separately. Ice must come from an approved source. Use a scoop to dispense ice – never use hands. *Ice can become contaminated with bacteria and viruses and can cause food-borne illness.*
13. All food equipment must be NSF/ANSI certified.
14. The use of crock pots is PROHIBITED. (Slow-cooking may activate toxins that can survive the cooking process.)
15. Garbage and refuse shall be disposed of in a sanitary manner. The premises shall be kept clean.
16. All trucks shall have walls and floors that are smooth, durable, easily cleanable, and non-absorbent. Floor and wall junctures shall be coved or sealed.
17. Food contact surfaces shall be non-toxic, smooth, easily cleanable and free of rust, dents or pitting.
18. Hot holding temperature requirement: 135° F or Higher @ all times
19. Cold holding temperature requirement: 41° F or Below @ all times
20. Thermometers must be present in cold-holding and hot-holding cabinets and be working properly at all times.
21. NO SMOKING is allowed.
22. A manager certified in food safety MUST be present at ALL times the food truck is in operation. His/her food manager certification and allergen awareness certification must be posted within the mobile food truck.
23. Food trucks, while operating in the Town of Northbridge, must post their food permit.
24. The required allergen awareness statement must be posted and visible.
25. Food trucks must operate from a licensed commissary or other base of operations which is licensed and inspected by the Board of Health within that town. A Service Agreement AND copy of food permit for the commissary MUST be provided with your application.
26. Mobile food trucks with no commissary agreement must be fully contained – supplied with a 3-bay sink, hand-wash sink, mechanical refrigeration, basically a restaurant on wheels. Food receipts must be provided the day of the event showing date of purchase for food products.
27. Straws (if provided) shall be individually wrapped.
28. ***Ice Cream Truck Vendors MUST include your Ice Cream Truck Vending Permit (issued by the Police Department) <https://www.mass.gov/information-about-ice-cream-truck-vendors>***



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**APPLICATION CHECKLIST**

- ☐ Completed Application
  - ☐ Mobile Food Truck Layout Plan
  - ☐ REAP Attestation Form
  - ☐ Workers Compensation Affidavit
  - ☐ Application Fee
  - ☐ Menu
  - ☐ Food Manager Certification
  - ☐ Allergen Awareness Certification
  - ☐ Hawkers & Peddlers License
  - ☐ Commissary Servicing Area Agreement
  - ☐ Fire Department Inspection (if applicable)
  - ☐ Event Information Form
  - ☐ *Ice Cream Truck Vending Permit – for Ice Cream Truck Vendors ONLY*
- 
- ☐ For ANNUAL Permit applications – Letter of consent to use private property must be included with your application – *Please contact Board of Health if you are considering applying for an Annual Permit.*



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**APPLICATION FOR MOBILE FOOD TRUCK FOOD PERMIT**

**PERMIT FEE: \$ 50.00/per truck – ONE DAY EVENT\***

**\$ 150.00/per truck – ANNUAL PERMIT**

*Application fee is non-refundable – make checks payable to “Town of Northbridge”*

**\*Late Fee: \$25.00 (Applications received LESS than 14 days PRIOR to event will be charged a Late Fee)**

*No applications received within 72 hours of an event will be accepted.*

**Mobile Food Truck Vendor Information**

Name of Food Truck: \_\_\_\_\_ Registration #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address (Location to which food permit is to be mailed): \_\_\_\_\_

- ☐ Hawker & Peddlers License (Expiration Date: \_\_\_\_\_) Provide copy with application
- ☐ Service Agreement (Base of Operations – licensed facility at which your unit is cleaned and sanitized and where food preparation is conducted) Supply Agreement and copy of Permit for licensed facility

*Hand-washing facilities available in truck are easily accessible and provided with the following:*

- ☐ Hot Water (Temperature Requirement: 100 -130°F)
- ☐ Paper Towels
- ☐ Liquid Soap
- ☐ Signage (Must note sink is for hand-washing only)
- ☐ Trash Container

Will Gloves be available for use by your employees? \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Disposable gloves & hand sanitizers can provide an additional barrier to contamination but are NOT a substitute for handwashing.**

Do you have immediate access (located within mobile food truck) to a dishwasher or 3-compartment sink?

If not, please explain method of cleaning utensils and equipment during event: \_\_\_\_\_

*Utensils must be cleaned or replaced every 4 hours! Separate utensils must be utilized for handling raw and cooked animal foods during the cooking process!!*

**SANITIZER:** Type of Sanitizer you will be using: \_\_\_\_\_ (*Sanitizer test kit must be available for use in mobile food truck*) All food contact surfaces must be sanitized and kept clean at all times.

**GREASE DISPOSAL:** Explain method for grease removal and where disposed: \_\_\_\_\_

**FOOD PREPARATION:**

**Menu** – Attach Menu or list **ALL** food items to be served at this EVENT: \_\_\_\_\_

Will all foods be prepared at the event **WITHIN** the Mobile Food Truck?

\_\_\_\_\_ **YES** Fill out Section B below \_\_\_\_\_ **NO** Fill out Sections A **and** B below:

**SECTION A: At the LICENSED kitchen** (You **MUST** attach copy of food permit and agreement for use of another licensed food establishment along with their **MOST RECENT** Inspection Report)

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding
1.							
2.							
3.							
4.							
5.							

**SECTION B: In the Food Truck:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding
1.							
2.							
3.							
4.							
5.							

**FOOD PROTECTION, TRANSPORTATION & STORAGE**

Describe measures to protect food and maintain temperature (HOT and COLD) during transportation from approved kitchen to event: \_\_\_\_\_

Describe measures to protect food and maintain temperature (HOT and COLD) while in storage at event: \_\_\_\_\_

Describe measures to protect food and maintain temperature (HOT and COLD) during display at event: \_\_\_\_\_

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**Food grade thermometers MUST be on-site to verify hot and cold temperatures.**

Water and Ice MUST be from an approved source – list source(s): \_\_\_\_\_

**Ice used for cold storage of food products MUST NOT be dispensed for consumption to consumer**

*Packaged foods may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, its container or its positioning in the ice or water – Unpackaged food may not be stored in direct contact with un-drained ice.*

Explain how food stored in ice will be adequately protected from melting water? \_\_\_\_\_

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How will FROZEN foods be thawed, if necessary, prior to service? \_\_\_\_\_

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Food source(s) – please list all locations at which food will be purchased for this event: \_\_\_\_\_

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*Receipts for food products must be made available to health agent upon request.*

**\*\*\*\*IMPORTANT NOTICE\*\*\*\***

**Unless only NON-Potentially Hazardous Foods (PHFs) are to be served, this Mobile Food Unit must be overseen by an individual certified in food safety and sanitation. This person must be present when Mobile Food Truck is operating in the Town of Northbridge.**

**You MUST provide copy of certification with this application.**

☐ **Food Manager Certification is attached.**

☐ **Allergen Awareness Certification is attached.**

**Person-In-Charge (PIC) for this event:** \_\_\_\_\_

☐ **Food Manager Certification is NOT attached – we will NOT be preparing any PHFs.**

I certify by signing this application that I have received and read the Northbridge Board of Health Guidelines for operating a Mobile Food Truck and that I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments and that this Mobile Food Truck will be operated and maintained in accordance with these guidelines and regulations.

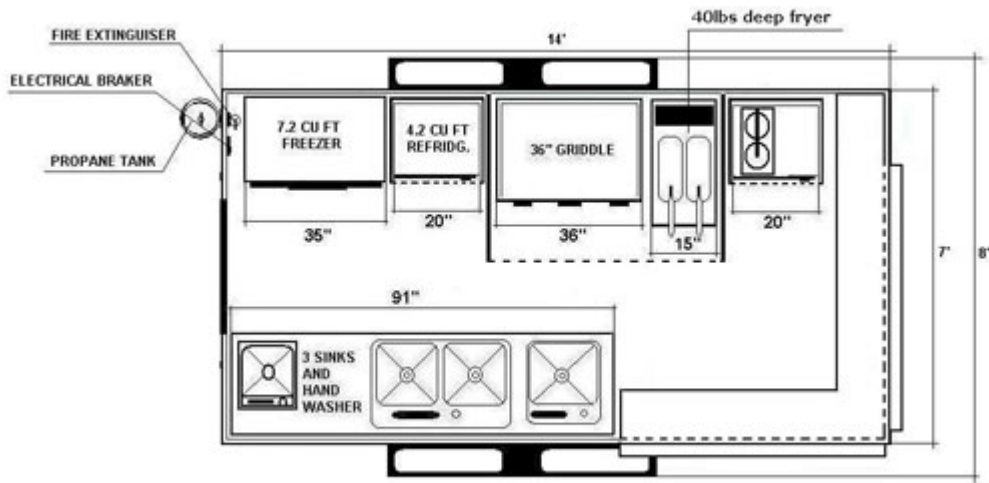
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mobile Food Truck Owner

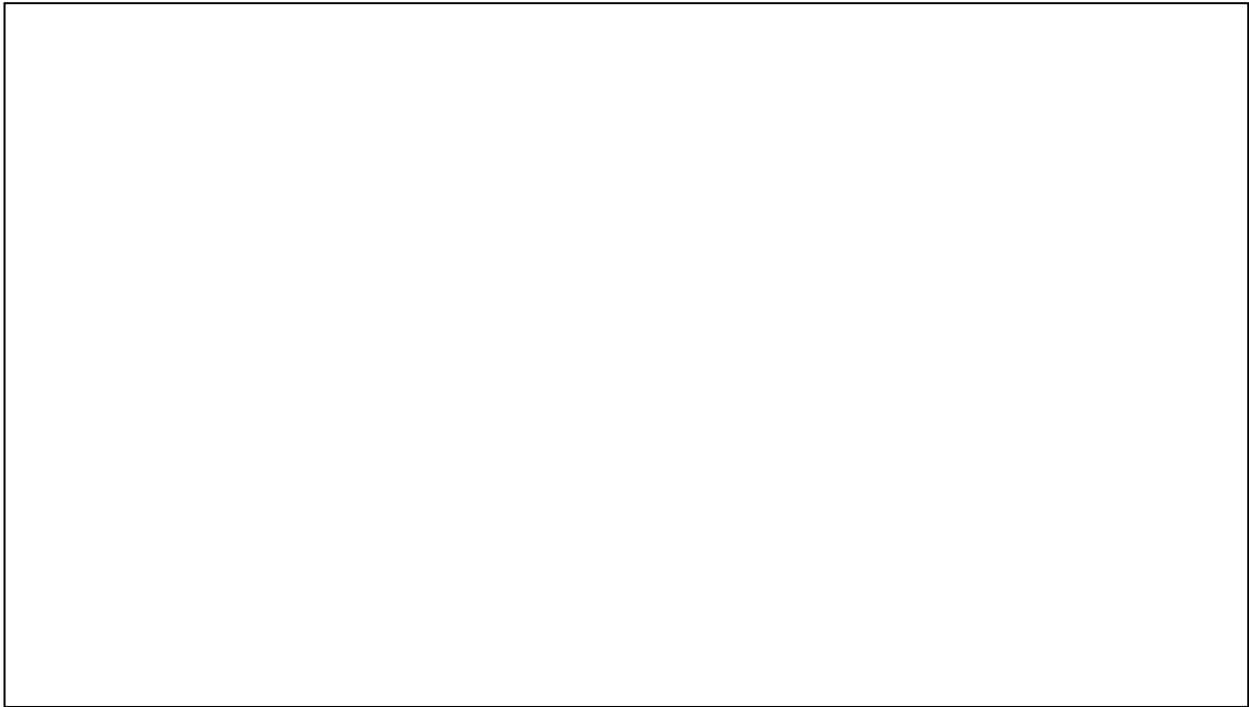
## Layout of Mobile Food Truck

*Using sample below – please describe the layout of your mobile food truck*

SAMPLE FOOD TRUCK LAYOUT:



**YOUR MOBILE FOOD TRUCK LAYOUT** – Please note length and width on diagram along with all food equipment (cooking, hot holding, cold holding, sinks (hand-wash/food prep/3-bay), water tank, wastewater tank, propane tank, hot water unit, power source, etc.):





# REAP ATTESTATION FORM

## MASSACHUSETTS DEPARTMENT OF REVENUE

### **REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

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\*Signature of Individual *or* Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, If Applicable)

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\*\*Social Security Number (Voluntary) or Federal Identification Number

**\* This license will not be issued unless this certification clause is signed by the applicant.**

**\*\* Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.**



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**TRUCK INSPECTION CHECKLIST**

**TIME FOR YOUR TRUCK INSPECTION – WHAT IS EXPECTED**

**Please utilize the checklist below to assist you in preparation of your food truck inspection.**

- ☐ FOOD TRUCK MUST BE IN A CLEAN AND SANITARY CONDITION AT TIME OF INSPECTION – If truck is not clean, the inspection will be re-scheduled and a re-inspection fee of \$50 will be required before a permit is issued
- ☐ Trucks must be operational at time of inspection – including refrigeration – refrigeration temperatures will be checked. Please arrive early enough to get your truck in full operating condition prior to your scheduled time of inspection
- ☐ Food Permit MUST be posted immediately upon receipt and remain posted at event
- ☐ Food Manager certificate MUST be posted – Food Manager must be on-site at Event
- ☐ Allergen Awareness certificate MUST be posted
- ☐ Allergen signage MUST be posted *“Before placing your order, please inform your server if a person in your party has a food allergy.”*
- ☐ All hand-wash sinks must be supplied with hot water, liquid soap, paper towels, trash container, and signage indicating hand-washing only at the sink.
- ☐ Hot water must be provided and must meet minimum temperature requirements.  
(100° - 130° F)
- ☐ Sanitizer on site – able to test (test strips available)
- ☐ Gloves on site
- ☐ Food product thermometers on site
- ☐ If inspection occurring at event – receipts for food shall be made available to the inspector
- ☐ Water tank capacity
- ☐ Wastewater tank capacity
- ☐ Proper certifications for ansul/hood systems (*Fire Department inspection may be required*)
- ☐ Fire extinguisher on board; recently inspected.



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**OPERATING INFORMATION**

*One Day Food Permit Applicants – please complete Section A below.*  
*For Annual Mobile Food Truck Applicants – please complete Section B below.*

**SECTION A – Required for One-Day Permit Applications**

Name of EVENT: \_\_\_\_\_

EVENT Location: \_\_\_\_\_

Date(s) of EVENT: \_\_\_\_\_ Rain Date(s): \_\_\_\_\_ Expected # of patrons: \_\_\_\_\_

EVENT Hours of Operation: \_\_\_\_\_ EVENT Set Up (Date & Time): \_\_\_\_\_

EVENT Contact Person (Name): \_\_\_\_\_

EVENT Contact Person (Phone #): \_\_\_\_\_

**EVENT UTILITIES:**

Describe Electrical supply (Generator or supplied by Event): \_\_\_\_\_

Describe Potable Water Supply (supplied at Event or from Commissary): \_\_\_\_\_

Describe means for Wastewater Disposal (wastewater tank on Truck to be emptied at Event or at Commissary): \_\_\_\_\_

Describe means for Garbage Disposal & Collection (will trash be taken with you or will Event remove): \_\_\_\_\_

**SECTION B – Required for Annual Permit Applications**

**Operating Location(s):** \_\_\_\_\_

*Letters of agreement for use of the above listed locations must be provided.*

**Expected Hours of Operation:** \_\_\_\_\_

*By signing below, I acknowledge that I am required to notify the Board of Health of any changes in the above information regarding the location and hours of operation within the Town of Northbridge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SERVICING AREA AGREEMENT

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

---

MOBILE FOOD ESTABLISHMENT (MFE) NAME: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

---

### TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a ☐ DAILY BASIS ☐ WEEKLY BASIS

☐ OTHER, EXPLAIN: \_\_\_\_\_

☐ Approved Potable Water Source

☐ Food Preparation Area

☐ Waste Water Disposal

☐ Food Storage Area

☐ Cleaning Area for MFE

☐ Utensil Washing Area

☐ Overnight Storage of MFE

☐ Equipment and Utensil Storage Area

☐ Overnight Refrigeration

☐ Prepackaged Foods for Retail Sale

SERVICING AREA NAME: \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

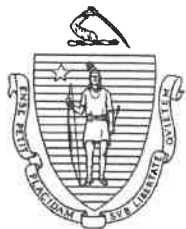
FOOD ESTABLISHMENT PERMIT ISSUED BY: Town/City of \_\_\_\_\_

PERMIT #: \_\_\_\_\_ (ATTACH COPY OF PERMIT/LICENSE ISSUED BY REGULATORY AGENCY)

*I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*1 Congress Street, Suite 100*  
*Boston, MA 02114-2017*  
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

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

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



CHARLES D. BAKER  
GOVERNOR

KARYN E. POLITO  
LT. GOVERNOR

DANIEL BENNETT  
SECRETARY

*The Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Department of Fire Services*

*P.O. Box 1025 ~ State Road*

*Stow, Massachusetts 01775*

*(978) 567~3100 Fax: (978) 567~3121*

*www.mass.gov/dfs*



STEPHEN D. COAN  
STATE FIRE MARSHAL

**MEMORANDUM**

**To:** Heads of Fire Department  
**From:** Stephen D. Coan  
State Fire Marshal  
**Date:** August 11, 2015  
**RE:** Food Trucks

In July of last year, a food truck explosion occurred in Philadelphia, PA that resulted in two fatalities and multiple injuries. Food trucks continue to grow in popularity throughout the Commonwealth. As a result, I am providing this updated guide to statutes and regulations applicable to food trucks. It is recommended, in some cases, that you work with other regulatory partners, when inspecting such vehicles.

- Massachusetts General Law Chapter 101, Section 3 requires transient vendors to possess a license issued by the Division of Standards. Such license shall be subject to such local rules as may be made in a city by the mayor and city council and in a town by the selectmen.  
Departments may consider asking their communities to adopt rules requiring fire department inspections as a condition to such licensing.
- The State Sanitary Code, in 105 CMR 590.009 (B) requires a food permit from and inspection by the local health department, Departments should work cooperatively with their local health departments.

**Inspection Considerations**

Storage permits, in general are not required for vehicle mounted LP-gas cylinders. Cylinders located on the ground would require a permit.

*Administrative Services • Division of Fire Safety  
Hazardous Materials Response • Massachusetts Firefighting Academy*

- 527 CMR 1.00, Chapter 50.2.1.9, (Commercial Cooking Equipment) adopts NFPA 96-2011 edition, Section 4.1.9 and makes the regulation applicable to fixed, mobile or temporary concessions “such as trucks, busses, trailers, pavilions or any roofed enclosure.”
- 527 CMR 1.00 Chapter 50
  - Section 50.2.1.1- requires exhaust systems for processes which produce grease or smoke laden vapors.
  - Section 50.4.4.4- requires fire protection equipment including both a fixed suppression system and extinguishers.
  - Section 50.5.6- requires that the exhaust system be inspected and cleaned.
- 527 CMR 1.00 Chapter 69, NFPA 58-2011 edition, section 6.23 governs LP-gas systems (other than engine fuel) on vehicles.
  - Section 5.2.2.2 – Prohibits the refilling of DOT cylinders with an expired requalification date. Departments should remind LP refill stations of this requirement.
  - Section 5.2.2.1 – requires cylinders to be in service and transported in accordance with U.S. DOT regulations. (DOT prohibits the transportation of cylinders with an expired requalification date.)
- 527 CMR 1.00, Section 10.15 contains provisions for Outdoor Events, Carnivals, and Fairs.

Further assistance is always available from the Division of Fire Safety on this and similar issues. If you have further questions, please contact the Code Compliance and Enforcement Unit at (978) 567-3375 or in western Mass. at (413) 587-3181.

# Northbridge Fire Department Food Truck Compliance Checklist

Vehicle generally in good condition                      Yes                      No

Vehicle used for cooking                      Yes                      No

Cooking appliance fuel: \_\_\_\_\_

Equipped with properly inspected hood                      Yes                      No                      N/A

*Food trucks must comply with NFPA 96, Ventilation and Fire Protection of Commercial Cooking Operations (527 CMR 1.00 Sec. 50.2.1.9).*

Fire extinguisher(s) present, appropriate                      Yes                      No

*Portable fire extinguishers shall be installed in kitchen cooking areas and shall be specifically listed for such use (NFPA 96 10.10.1 and 527 CMR 1.00 Sec. 69.3.12.8).*

*A minimum of one extinguisher (at least 2-A:10-B:C) for internal combustion generator (527 CMR 1.00 Sec. 10.15.10.4)*

Generator compliant, safe practice,                      Yes                      No                      N/A  
no additional stored gasoline containers

*Fuel tanks adequate to permit uninterrupted operation during operating hours (527 CMR 1.00 Sec. 10.15.10.1).*

Egress from vehicle maintained                      Yes                      No

*Appliances shall be located so that a fire at any appliance will not block egress of persons from the vehicle (527 CMR 1.00 Sec. 69.3.12.7.9).*

Proper separation distances for vehicle                      Yes                      No                      N/A

*Concession stands utilized for cooking shall have a minimum of 10 ft. on two sides (527 CMR 1.00 Sec. 10.15.8).*

Business Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_





FP-006  
(Rev. 1.1.2015)

# The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_

## Application for Standard Permit

➔ Return completed application to: \_\_\_\_\_ ⬅



Permit Number: \_\_\_\_\_

City or Town: \_\_\_\_\_

Date: \_\_\_\_\_

DIG SAFE NUMBER

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section \_\_\_\_\_ application is hereby made by \_\_\_\_\_

(Full Name of Person, Firm or Corporation)

(Phone Number)

of \_\_\_\_\_

(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) \_\_\_\_\_

Name of Competent Operator (if applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_

(Signature of Applicant)

Date of expiration \_\_\_\_\_ Fee \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_



FP-006  
(Rev. 1.1.2015)

# The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_

## PERMIT



City or Town: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

DIG SAFE NUMBER

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in \_\_\_\_\_ this permit is granted to \_\_\_\_\_

(Full Name of Person, Firm or Corporation)

for \_\_\_\_\_

Restrictions: \_\_\_\_\_

at \_\_\_\_\_

(Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \_\_\_\_\_ This permit will expire on \_\_\_\_\_

Signature of Official Granting Permit: \_\_\_\_\_ Title \_\_\_\_\_

➔ This permit must be conspicuously posted upon the premises ⬅