

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
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: _____

-
- 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