

**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**

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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: \_\_\_\_\_

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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**