



Coral Hope
Director
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BOARD OF HEALTH
55 Summer Street
Lynnfield, MA 01940
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Public Health
Prevent. Promote. Protect.

Mobile Food Establishment Name:

- Have you read **105 CMR 590.009 (B)** Mobile Food Operations: _____
- List Name of Certified Food Protection Manager: _____
- **Attach Certificate:**
If none, menu is limited to Non-Potentially Hazardous Foods
- List Name of Commissary or Approved Facility: _____
- **Attach Written Agreement**
- **Hawker or Peddler's License:** __Y__N Attach Copy(s)
- **Ice Cream Vendor Lynnfield Police Dept Permit:** __Y__N Attach Copy(s)
- **List Name(s) of all Individuals that will work from the mobile truck:**

Menu: Attach or list **ALL** food items (include condiments, beverages, etc.)

- List Each Item and Check Which Preparation Procedure will Occur:

Section A: At the Approved Facility or Commissary:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								

Section B: At the Mobile Unit:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								
6.								

Signature:

Date: