



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
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Mobile Food Establishment – Plan Review Packet

***Non-refundable Fee: \$200 (Payable to: Town of Foxborough)**

***Fees must be submitted 30 days before construction/start date. No application will be accepted without required fee.**

Office Use Only:

BHP#: _____

DATE: _____

FEE: _____

Plan Approval Date: _____

- Please check one: ☐ New (yet to be constructed) or Remodel
☐ Existing Unit

- Mobile Unit Type: ☐ Vehicle/Truck ☐ Trailer/Attachment
☐ Pushcart (non-vehicle) ☐ Other: _____

Projected Construction Start Date: _____ or NA

Projected Construction Completion Date: _____ or NA

1. Name of Mobile Unit: _____
(as it appears on the vehicle)

2. Establishment Address: _____

3. Name of Owner: _____

4. Owner Mailing Address: _____

5. Owner Phone Number: _____

6. Owner E-mail: _____

7. Do you have a current State-issued Hawkers & Peddlers License? ☐ Yes ☐ No ☐ N/A

8. Operating location(s) in Foxborough: _____
(Mobile units located on private property must have approval from the Owner of the property. This approval must be in writing and accompany this application)

9. List all operating days/times or special events: _____

10. Does your mobile unit have proper identification?

- Individual and/or Business Name, City, Phone # (Min. 3" lettering)? ☐ Yes ☐ No
- On the left and right panels of the mobile unit? ☐ Yes ☐ No

11. Base of Operation (Servicing Area): _____

(In accordance with 105 CMR 590.009(B)(12) all mobile food operations shall operate from a fixed licensed food establishment or food processing plant and shall report at least daily to such locations for all food, water and supplies and for all cleaning and servicing operations)

(You and the Servicing Area you have chosen must have a written agreement stating they are allowing you to use their space and detailing the resources available to you. This written agreement must accompany this application. A copy of the Servicing Area's current food establishment license and latest inspection report is also required)

12. Briefly describe foods to be offered: _____

(A menu must accompany this application)

13. Briefly describe food sources (Company Name(s)): _____

14. Briefly describe all food preparation activities occurring on the mobile unit: _____

15. Name of Certified Food Protection Manager: _____

(A copy of the certificate must accompany this application if serving time/temperature control for safety (TCS) foods)

16. Will raw proteins be stored and subsequently cooked to order on your mobile unit?

☐ Yes ☐ No ☐ N/A

17. Describe your mobile unit's toilet facilities available to you at your location(s) of service: _____

(Operators of mobile units must have access to adequate and sanitary restrooms. The Owner of the restroom you will be utilizing must give their approval by completing the attached "Restroom Facility Agreement". This agreement must accompany this application)

18. Describe your mobile unit's hand washing facilities: _____

19. Is there adequate protection between the mobile unit hand washing facilities and on-site food prep/clean areas? ☐ Yes ☐ No

20. Will you be providing seats for your customers? ☐ Yes ☐ No
• If yes, how many seats? _____

21. Briefly describe on-site garbage collection and final disposal location: _____

22. Number and size of available mechanical refrigeration/freezer units:

23. Is all equipment ANSI-certified (i.e. NSF, UL, ETL)? ☐ Yes ☐ No

24. Power source for equipment: ☐ Internal vehicle generator ☐ Propane attached to truck
☐ Portable generator ☐ Portable propane (ground use)*
*Use of portable propane on the ground requires Fire Department permitting/inspection

25. Is your mobile unit equipped with a ventilation hood system? ☐ Yes ☐ No ☐ N/A
• If yes, have you contacted the Fire Department for approval/inspection ☐ Yes ☐ No

26. Briefly describe the materials used as it relates to your mobile unit's physical facilities;

- Floors: _____
- Walls: _____
- Ceilings: _____
- Ground (parking) surface: _____

27. Are screens available on your mobile unit's doors and windows? ☐ Yes ☐ No ☐ N/A

28. Size of potable water holding tank (gallons): _____

29. Size of wastewater holding tank (gallons): _____

30. Drain provided for waste tank? ☐ Yes ☐ No

31. Is your mobile unit equipped with a 3-bay sink? ☐ Yes ☐ No ☐ N/A

32. Is your mobile unit equipped with a grease trap? ☐ Yes ☐ No ☐ N/A

33. Are all light fixtures shielded? ☐ Yes ☐ No

**The following documents must be submitted
along with this Plan Review application:**

- 1) Plans must be clearly drawn to a scale of 1/4 inch = 1 foot and a minimum 11 x 17 inches in size and include these items below:
 - The floor plan (equipment layout) must identify: ALL equipment, location of potable water and waste water holding tanks, and All equipment must be clearly numbered or otherwise easily identified and cross-keyed with the equipment list.
- 2) Mobile unit menu. Review of the menu will confirm compliance related to the allergy awareness statement, as well as the consumer advisory requirements (if applicable).
- 3) Certified Food Protection Manager Certificate (as applicable)
- 4) Allergy Awareness Certificate
- 5) State-issued Hawkers and Peddlers License (as applicable)
- 6) Servicing Area Agreement
- 7) Restroom Agreement
- 8) Property Owner Approval
- 9) Mobile unit vehicle registration

Additional Notes:

- All new mobile units expected to serve at permanent and/or multiple locations throughout the Town, must appear in front of the Board of Health. Call the office to be placed on the next agenda.
- *Official copies of the Massachusetts State Sanitary Code – Minimum Sanitation Standards for Food Establishments (105 CMR 590.000) and the Federal Food Code Publications can be purchased from the State House Bookstore at (617) 727-2834 or <http://www.sec.state.ma.us/index.htm> . The unofficial State Sanitary Code along with links to the 2013 Federal Food Code with the 2015 Supplement can be accessed on-line from the Massachusetts Department of Public Health – Food Protection Program’s website <https://www.mass.gov/lists/retail-food> . It is required that a copy (in electronic or hard copy form) must be onsite at all times.
- As referenced in 8-304., permits are not transferable. The Board of Health must be notified within 48 hours after any change in ownership AND at least 30 days prior to any change in name, location, or addition of a new operation or significant equipment/mobile unit change or remodel.
- Prior to the start of your operation, the Board of Health shall conduct a pre-operations inspection to ensure compliance with all State and Federal Food Codes. You mobile unit may not begin operation until you have written approval from the Foxborough Health Department following these inspection(s).

Attachments:

Servicing Area Agreement

Restroom Facility Agreement

Approval of this plan review by the Foxborough Health Department does not indicate compliance with any other federal, state, or local code, law or regulations that may be required. It further does not constitute endorsement or acceptance of the mobile establishment as a whole or in part.

The Board of Health may require additional information following the plan review process based on the type of operation and menu.

I, the undersigned, attest to the accuracy of the information provided in this application and understand that if any changes are made to the plans or the above information without permission from the Foxborough Health Department may nullify this approval. I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code and understand they must be accessible on site at all times.

Owner or responsible representative

Date

Title

For office use only

Zoning Approval _____

Board of Health Meeting _____

Servicing Area Agreement

It is required that the operator of a Mobile Unit have a base of operation or "Servicing Area" (formerly referred to as a Commissary) at a licensed kitchen facility. Home kitchens will not be allowed. The use of this Servicing Area is an essential part of a mobile food operation and allows the Operator to store food, clean equipment, dispose of wastes, and other servicing activities at this location. By signing this Agreement, you as the Servicing Area Owner/Operator are allowing the Mobile Owner/Operator to use your kitchen facility for these services.

I, _____ of _____
(Servicing Area Owner/Operator) (Servicing Area Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give my permission to _____ of _____
(Mobile Unit Owner/Operator) (Name of Mobile Unit)

to use my kitchen/establishment facilities to perform the following tasks as it relates to the safe and sanitary operation of their mobile unit:

- ☐ Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- ☐ Warewashing
- ☐ Filling of water tanks
- ☐ Dumping of waste water
- ☐ Storage of all foods, single service items, and cleaning agents
- ☐ Service and cleaning of equipment
- ☐ Disposal of fats, oils and grease
- ☐ Other (specify) _____

I attest that I hold a current food license and am in good standing with my local Board of Health.

Signature: _____

Date: _____

Print: _____

Servicing Area Contact Phone #: _____

Servicing Area E-mail Address: _____

(A copy of the Servicing Area's current food license and latest inspection report must accompany this form)

This Servicing Area Agreement is valid for this calendar year only

Questions???

*Contact the Foxborough Board of Health
(508) 543-1207*

RESTROOM FACILITY AGREEMENT

(Required for all Mobile Food Operations)

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available.

This document serves as a "memorandum of understanding" between the **Owner of the Restroom** and the **Mobile Food Vendor/Temporary Event Coordinator**.

Conditions and Responsibilities:

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft. of the mobile vending unit.

Owner of Restroom (written approval) - sign below....

I, _____, have read and understand the items of
Owner of Restroom

responsibilities listed above and agree to comply with all of the requirements. I give permission

to _____ to use my establishment,
Mobile Food Vendor/Temp Event Coordinator

_____, located at _____,
Business Name Business Address

as their main restroom facility.

I understand that I, as the **business/restroom owner** need to notify the Foxborough Board of Health should I be unable to honor this agreement for any period of time, and that I, as the **mobile food vendor/temporary Event Coordinator** need to find alternative arrangements and inform the Foxborough Board of Health in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: _____

Title (e.g. owner, manager): _____ Date: _____ Phone Number: _____

Signature of Mobile Food Vending Unit/Temporary Event Coordinator: _____

Date: _____ Phone Number: _____