



CITY OF FRAMINGHAM
Department of Public Health
150 Concord Street
Framingham, MA 01702



Public Health
Prevent. Promote. Protect.

Physical Office Location: 31 Flagg Drive, Door 14, Framingham, MA 01702

Board of Health

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Mobile Food Service Unit Permit Application

To expedite the application and plan review process, please ensure that all information is thoroughly completed. This will assist the Board of Health in reviewing and processing your materials in a timely manner.

Before opening, a final inspection by an inspector from this department is required to ensure compliance with State Sanitary Code Chapter 105 CMR 590.009(B) – Minimum Sanitation Standards for Food Establishments and the 1999 FDA Food Code.

For Mobile Food Service Units with Annual Permits:

1. Completed Mobile Food Service Permit Application (Attached)
2. Copies of your MA State and Framingham Hawker and Peddler Licenses (if food is to be sold)
3. A copy of your proposed menu
4. Copy of Food Manager Certification training credential (If applicable)
5. Copy of Allergen Awareness Certification (If applicable)
6. Employee Illness Policy and Reporting Guidelines (Sample policy attached)
7. Proof of Worker's Compensation Insurance or Completed Affidavit
8. Applicable fees: Mobile Food Service Units: \$100.00. Checks must be made payable to the City of Framingham.

Please Note:

For large events: If an event features multiple mobile food establishments with propane tanks, a propane gas permit issued by the Framingham Fire Department may be required.

VEHICLE INFORMATION

Water System: Hot & Cold water under pressure: Yes: _____ No: _____

Capacity of water supply tank: _____ gals

Capacity of Waste Retention tank: _____ gals

List all suitable toilet facilities along route: _____

SIGNATURE

As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement (establishments not required to comply with this coverage requirement must submit copies of the Department of Industrial Accidents affidavit form with this application)

Yes: _____ No: _____

I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required by law. (MGL Chap62Cs 49A)

By signing this form, I the undersigned, attest to the accuracy of the information provided in this application

Permit Applicant Signature

Date

Office Use Only

Date Rec'd. _____

Amt. Paid _____

San Appr. _____

Dir Appr. _____

Permit # _____

Decal # _____

Check # _____

[YOUR LETTERHEAD]

Employee Illness Policy - Sample

Effective _____ 2018, _____ (Establishment) has incorporated the following Employee Illness Policy as required under the revised Massachusetts Food Code, 105 CMR 590.00.

All employees must report to management (person in charge) when presenting symptoms of an illness that can potentially be spread through food handling. Symptoms which must be reported include; *diarrhea, vomiting, fever, sore throat, runny nose, jaundice, or any cuts or open wounds* on exposed skin.

In addition, any known exposure (food handler lives in the same household with a person who has any of the following illness, or lives with a person who works at a location where there has been a confirmed outbreak of the following illnesses) or confirmed diagnosis of any of the following infections or diseases **must be reported to the Person In Charge**:

- Typhoid fever (Salmonella Typhi)
- Shigellosis (Shigella spp.)
- Escherichia coli infection (E. Coli)
- Hepatitis A (Hepatitis A virus)

Report to the person in charge if you are diagnosed with infections caused by:

- **Entamoeba histolytica**
- **Campylobacter**
- **Vibrio cholera**
- **Cryptosporidium parvum**
- **Giardia lamblia**
- **Hemolytic Uremic Syndrome**
- **Salmonella (non-typhi) spp.**
- **Yersinia enterocolitica**
- **Cyclospora cayetanensis**
- **Any other disease transmissible through food. The Framingham Board of Health can assist you in determining if an illness is transmissible through food.**

All Person's In Charge when notified by employees of any of the aforementioned symptoms or illnesses must decide whether or not to **restrict or exclude** employees from handling food until such time that the potential for contamination no longer exists.

The Person In Charge should **refer to the "Guide to Excluding and Restricting Food Employees for Establishments Serving the General Population"** as outlined by the Massachusetts Department of Public Health and provided by the Framingham Board of Health.

Any employee with a confirmed diagnosis or suspected exposure to any of the highly infectious pathogens mentioned above must provide the Person In Charge with **a letter from the individual's physician clearing them for return to work.**