



**TOWN OF DIGHTON  
BOARD OF HEALTH  
979 SOMERSET AVENUE  
DIGHTON, MA 02715  
TEL: (508) 669-5182  
FAX: (508) 669-5667**

|                     |       |
|---------------------|-------|
| FOR OFFICE USE ONLY |       |
| PERMIT NO.          | _____ |
| DATE:               | _____ |

**APPLICATION FOR LICENESE TO OPERATE A MOBILE FOOD SERVER**

Application is hereby made to sell food products from a mobile food server in the Town of Dighton, Massachusetts.

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEDERAL ID/SOCIAL SECURITY NO. \_\_\_\_\_

If applicant is a partnership, full name and address of all partners:

\_\_\_\_\_  
\_\_\_\_\_

If applicant is a corporation: \_\_\_\_\_ State of Corp. \_\_\_\_\_

President: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Clerk: \_\_\_\_\_

CERTIFIED FOOD MANAGER: \_\_\_\_\_

(Include copy of certification) Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food operation will comply with 105 CMR 590.000 and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

I certify under the penalties of perjury to the best of my best knowledge and belief, have filed all state tax returns and have paid all state taxes required under the law.

\_\_\_\_\_  
Signature of Individual  
Or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, if applicable)

**\*\*THIS PERMIT EXPIRES ON DECEMBER 31 OF THE CALENDAR YEAR GRANTED\*\***

**\*\*\*ANNUAL PERMIT FEE: \$125.00 MADE PAYABLE TO THE TOWN OF DIGHTON\*\*\***

**Please submit with your Application and a copy of your Driver's License, Certificate of Registration, Serve Safe Certification, Allergen Awareness Training, Food Handler or Food Manager Certification, and Certificate of liability Insurance.**