



*Commonwealth of Massachusetts*  
**TOWN OF PLYMOUTH**  
**PUBLIC HEALTH DEPARTMENT**  
 508-747-1620 X10118  
 Fax: 508-830-4062  
 26 Court Street  
 Plymouth, Massachusetts 02360

**FEE: \$100.00**  
 Check or Money Order  
 Made Payable to:  
**Town of Plymouth**

Mobile Food Vendor License valid January 1<sup>st</sup> through December 31<sup>st</sup> Annually

**MAKE CHECK PAYABLE TO: Town of Plymouth,**  
**RETURN TO: Public Health Department, 26 Court St, Plymouth MA**

Legal Business Name (Corp., LLC, Etc.) \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Owner/President Name \_\_\_\_\_

Vehicle Owner Name \_\_\_\_\_ Vehicle Operator Name (if different) \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Location where meals will be prepared: \_\_\_\_\_

**Please Include:**

- Copy of Food Protection Manager certificate and Allergen Awareness certificate
- Copy of food permit from the town you are based out of
- Copy of last health inspection report
- Copy of menu
- Copy of commissary kitchen contract, permit and recent health inspection report, if applicable
- Copy of registration for vehicle
- Copy of driver's license for owner and operator

**Fire Department Approval if propane or open flame is used:** \_\_\_\_\_

(obtain signature before submitting to Health Department)

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Signature of Applicant

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
 Social Security number or Federal Identification Number

\_\_\_\_\_  
 Signature of Individual or Corporate Name

By \_\_\_\_\_ Corporate Officer  
 (if applicable)

**FOR OFFICE USE ONLY:**

MUNIS NUMBER: \_\_\_\_\_ ACCESS: \_\_\_\_\_ LICENSE MAILED: \_\_\_\_\_