

COMMONWEALTH of MASSACHUSETTS

Town of Montague

Application for Mobile Food Unit / Push Cart

Plan and Base of Operations Review

Mobile Food Unit: Push Cart:

PERMIT FEE: See annual fee schedule

PRINT CLEARLY

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Federal ID # / SS # \_\_\_\_\_

Have you attached a copy of your driver's license: \_\_\_\_\_

BUSINESS INFORMATION:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Is this a Mobile Unit or a Pushcart? \_\_\_\_\_

I have submitted plans/ application to the following: Please give date of submission

Board of Selectmen \_\_\_\_\_ Police \_\_\_\_\_

Fire Department \_\_\_\_\_ Other \_\_\_\_\_

BASE OF OPERATIONS INFORMATION:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Type of establishment: \_\_\_\_\_ Permit # \_\_\_\_\_

**FIRE DEPARTMENT SIGN OFF FOR PROPANE TANK(S) USED FOR THIS FACILITY.**

- A FOOD SERVICE PERMIT WILL NOT BE GRANTED UNLESS THE TURNERS FALLS OR MONTAGUE CENTER FIRE DEPARTMENT (*WHICHEVER IS APPROPRIATE*) SIGNS THIS FORM APPROVING USE OF THE PROPANE TANK(S).

\_\_\_\_\_  
Fire Department TFFD or MCFD

\_\_\_\_\_  
Printed name of inspector

\_\_\_\_\_  
Signature of inspector

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*This license will not be issued unless this certification is signed by the applicant.

**The Permit Fee is payable by check to the Town of Montague  
Mail to:  
Montague Health Department,  
One Avenue A, Turners, Falls, MA 01376.**

**Permit will NOT be issued without payment.**

Office Use:

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_