MOBILE FOOD TRUCK

SUBMISSION REQUIREMENTS CHECKLIST:

☐ This checklist – completed in its entirety by the applicant

☐ Payment of the $75.00 Health Inspection fee AND $50 Zoning Review fee
  (One check made payable to the Town of Hanover)

☐ Written approval from the property owner to vend on their property (Required if truck/cart is to be located on private property)

  Copy of State issued Annual Food Service License for:
  (See http://www.dhhs.state.nh.us/dphs/fp/index.htm for State applications)

  ☐ the restaurant where food is prepared for the truck/cart

  ☐ the restaurant truck/cart

  (initials) I acknowledge that this permit is nontransferable. Any change(s) to the approved permit require(s) new permitting.

  (initials) I acknowledge that this permit is valid for one year from the date of issuance and must be renewed on an annual basis.

☐ I anticipate use of public parking metered space(s) to park my truck/cart:

  (initials) I acknowledge that I am responsible for payment of the metered space(s) utilized by my truck/cart.

  (initials) I shall abide by all parking regulations, including those relative to the maximum time allowed to park at an individual metered space.
MOBILE FOOD TRUCK APPLICATION
In accord with 105 CMR 590.00

TRUCK/CART INFORMATION:
Name of Truck/Cart
Name of Owner
Home Address
Telephone Number
Email Address
Registration Number
Location of mobile truck/cart (list stops or address)

FOODS TO BE SERVED:
List of all foodstuffs below

PREPARATION COOKING FACILITIES:
Describe facilities & equipment
On Site: Yes ☐ No ☐
Fire Extinguisher: Yes ☐ No ☐
If yes (off site), where?
Off Site: Yes ☐ No ☐
Describe means of transport from base
Describe washing facilities for services & equipment
Sanitizer in use Water source – hot & cold

Food Protection:
Describe measures to protect food & maintain temperature storage & display

REFRIGERATION:
Required ☐ Not Required ☐
Method of refrigeration

GARBAGE AND LIQUID WASTE:
Describe means for storage and disposal

PERSONNEL AND FOOD HANDLING PRACTICES:
Number of food handlers
Location of handwash facilities
Location of toilet facilities
Uniforms provided
Disposal gloves provided

Signature of Individual or Name of Corporation

Approved: H
Approved: Z
Appeal Expires: