

CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT
831 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139
(617) 349 - 6100

MOBILE FOOD TRUCK APPLICATION

In accordance with 105 CMR 590.00

Must provide:

License for restaurant where food is prepared for truck.

Servsafe Certificate

Allergy Awareness Certificate

Name of Truck: _____

Name of Owner: _____

Home Address: _____

Telephone Number: _____

Email Address: _____

Registration Number: _____

Specify exact location of mobile truck (list stops or address) : _____

FOODS TO BE SERVED:

RiverFront Mobile Truck Program: Yes ☐

List of all foodstuffs below:

PREPARATION COOKING FACILITIES:

On Site: Yes ____ No ____ Describe facilities & equipment: _____

Fire Extinguisher: Yes ____ No ____

Off Site: Yes ____ No ____ If yes, where? _____

Describes means of transport from base: _____

Describe washing facilities for service & equipment: _____

Sanitizer in use: _____ Water source - hot & cold _____

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

REFRIGERATION:

Not required _____ Required _____

Method of refrigeration: _____

GARBAGE AND LIQUID WASTE:

Describe means for storage and disposal: _____

PERSONNEL AND FOOD HANDING 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