

City of Cambridge Community Development Department 2019 Food Truck Program PROGRAM APPLICATION FORM

Note: Interested applicants will need to obtain and submit all required permits and licenses prior to vending. See Eligibility Criteria in the Food Truck Program Guidelines for more information.

Updated January 2019

	ICANT INFORMATION							
1.	Applicant's Name:							
	Corporate Name:							
	Doing Business As (d.b.a.):							
	Owner's Name:							
	Business Address:							
	Mailing Address:							
2.	Telephone Number(s):							
3.	E-mail:							
4.	Website:							
5.	Is the owner, or are the corporate officers, residents of Cambridge?							
6.	How many years has your food business been in operation?							
7.	Is your food truck currently licensed and permitted in Cambridge?YESNC							
	Note: A licensed and permitted truck in Cambridge will already have the following:							
	 Valid City of Cambridge Hawkers & Peddlers License (License Commission) 							
	 Valid City of Cambridge Mobile Food Truck Permit (Inspectional Services Dept.) 							
8.	If yes to 7 above, where is your food truck business currently licensed and permitted to operate in Cambridge? List all locations in Cambridge, whether on public or private property.							

9. Did your truck vend in the Cambridge Food Truck Pilot?

___ YES ___ NO

10. If yes, would you like your same shift from last yea	ır same shift from last vea	our/	like	vou	would	ves.	10. If
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___ YES ___ NO

Note: Preference will be given to trucks 2 years old and younger and pending available space.

11. Food Truck Program Locations of Interest

Check all the shifts that you are interested in. **Blank schedules will not be accepted**. Please note, space is limited, and some locations may already be fully subscribed. For questions about shift availability, or the status of any shift requests submitted after the application deadline (February 22, 2019), please contact CDD staff noted at the bottom of this application.

2019 Season (May 1, 2019 - April 30, 2020)

	Cambridgeport	Central Square	North Point Park
*	Weekdays	Weekend Nights	Weekend days
	Mon – Fri, 10am – 3pm	Thu – Sat, 8pm – 12am	Sat & Sun,10am – 6pm
Mon		N/A	N/A
Tue		N/A	N/A
Wed		N/A	N/A
Thu			N/A
Fri			N/A
Sat	N/A		
Sun	N/A	N/A	

^{*} Times include 30 minutes of setup and breakdown. Food trucks may only be present and vend in the designated spaces during the designated times and the food trucks must be removed at the end of each shift.

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A. Food Truck License Plate Number (can list up to 2).
a)
b)
B. Copy of Menu for each food truck (use Notes to tell us if, and how frequently, your menu will change during the Pilot).
a) Notes:
C. Copy of Certificate of Insurance showing active dates. An updated Certificate of Insurance showing the requirements set forth under the Eligibility Criteria in the Guidelines Section will be required prior to vending.
D. Copy of the National Restaurant Association ServeSafe Certification.
E. Copy of Commissary Kitchen Health Permit (for restaurant kitchens located in Cambridge, this will be issued by the Inspectional Services Dept., and for commissary kitchens located in a different municipality, a valid permit from that municipality is required).
F. Copy of Doing Business As (DBA) Certificate from the State of Massachusetts.

13. Please describe your food business's method for dealing with customer waste; do you provide a trash/recycling cans and perform regular sweeps of vending area?

☐ A. minority-owned business ☐ B. women-owned business	one or mor	e of the following.
15. Does your food business have one or more o	f the followi	ing:
A brick and mortar business inside Cambridge?	Y	N
□ Number of locations:□ Address(es):		
A brick and mortar business outside Cambridge?	Y	N
□ Number of locations:□ Address(es):		
Note: You do not already need to be permitted to operate being issued a Traffic, Parking & Transportation permit alleall required permits and licenses from the City of Cambridge Guidelines.	owing the fo	od truck to vend, you will need to obtain
CERTIFICATION		
under the pains and penalties of perjury, that the infrany exhibits or attachments hereto are true and comproject, and the undersigned agrees to promptly info Development Department of any changes in the pro	nplete and a orm the City	accurately describe the proposed y of Cambridge Community
Print Applicant's Name		
Applicant's Signature	Date	
Print Food Business Owner's Name	Tax ID #	
Food Business Owner's Signature	Date	
RETURN COMPLETED APPLICATION		
Deliver, Mail, E-mail or Fax Completed Application to Economic Development Division Cambridge Community Development Department 344 Broadway, 3 rd Floor Cambridge, MA 02139	0:	
Inquiries may be directed to: Christina DiLisio, Associate Economic Developm	nent Speci	ialist

Telephone: (617) 349-4601 FAX: (617) 349-4638

E-mail: cdilisio@cambridgema.gov www.cambridgema.gov/foodtruckpilot