

## City of Cambridge Community Development Department 2020 Food Truck Program APPLICATION

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

## Updated January 2020

JSII	NESS INFORMATION				
1.	Applicant's Name:Applicant's Title:				
	Applicant's Primary Phone:				
2.	Business Name:				
	Business Legal Address:				
3.	Truck/Trailer Manager's Name and Primary Phone:  Owner's Name and Primary Phone:				
4.					
5.	Does the food business self-identify as one or more of the following?  □ A. minority-owned business □ B. women-owned business				
6.	Does the food business have any brick and mortar locations?				
	List all locations:				
7.	Is the owner, or any corporate officers, a Cambridge resident? YES No				

## TRUCK & OPERATIONS INFORMATION

1.	Is your food business a truck or a trailer? TRUCK TRAILER			
2.	How many feet long is your trailer and towing vehicle? (FEET)			
	<b>Note:</b> Trailers will be considered if operator keeps trailer attached to towing vehicle during entire vending shift. Additionally, space constraints may prevent trailers from consideration if total measurement of trailer and towing vehicle exceeds space permitted.			
3.	Provide registered MA License plate numbers for all trucks or trailers in fleet.			
4.	Provide copies of the following required supporting documents. Failure to include will delay application review.			
	□ <u>Proposed Menu</u> along with schedule for menu rotation.			
	□ ServeSafe Certification from the National Restaurant Association.			
	Copy of <u>Health Permit for Commissary Kitchen or base of operations</u> (for restaurant kitchen located in Cambridge, this will be issued by the Inspectional Services Dept., and for commissar kitchens located in a different municipality, a valid permit from that municipality is required).			
	□ Copy of Doing Business As (DBA) Certificate from the State of Massachusetts.			
5.	Please describe your food business's plan for trash and site cleanliness.			

## **SCHEDULE INFORMATION**

Requested shifts for 2020 Season (May 1, 2020 - April 30, 2021)

Check which days of the week you wish to vend. Blank schedules will not be accepted.

	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	

<sup>\*</sup> 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.

For questions about shift availability, or the status of any shift requests submitted after the application deadline (February 21, 2020), please contact CDD staff noted at the bottom of this application.

1.	List all locations where your business currently vends in Cambridge and include schedule.		
2.	For returning trucks, would you like you	ur same shift? YES NO	
Note: P	reference will be given to businesses in operation 2 y	rears or less at time of 2019 application and pending available space.	
REQ	UIRED DOCUMENTS PRIOR TO VEND	DING	
	plicants need to provide valid copies of the for permits and licenses take time to secure.	ollowing prior to vending. Please plan accordingly as	
	insured. See <i>Eligibility Criteria</i> in the 2. A <b>Food Truck Permit</b> from the Cam 3. A <b>Cambridge Hawkers &amp; Peddlers</b>	active dates and listing the City of Cambridge as a co- Food Truck Program Guidelines for details. bridge Inspectional Services Department  License from the Cambridge License Commission  ge Traffic, Parking + Transportation Department	
	ligibility Criteria in the Food Truck Program (ents prior to vending as well as information	Guidelines for detailed information about required about deadlines for submitting materials.	
CERT	TFICATION		
the pai attachr unders	ins and penalties of perjury, that the information and penalties are true and complete and acc	o the best of his/her knowledge and belief, and under ation contained on this statement and any exhibits or curately describe the proposed project, and the Cambridge Community Development Department of ccur.	
 Applica	nt's Name	_	
Busines	ss Owner's Name (if different)	Tax ID #	
 Busines	ss Owner's Signature	Date	
RETU	RN COMPLETED APPLICATION		
	r, Mail, E-mail or Fax Completed Application	n to:	
Econoi	mic Development Division		

Christina DiLisio, Associate Economic Development Specialist

Cambridge Community Development Department

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