

City of Cambridge Community Development Department **Food Truck Pilot Program**

PROGRAM APPLICATION FORM

Note: Interested applicants will need to obtain and submit all required permits and licenses prior to vending. See Eligibility Criteria for more information.

וחח	a October 2018 ICANT INFORMATION				
	Applicant's Name: Corporate Name:				
	Doing Business As (d.b.a.):				
	Owner's Name:				
	Business Address:				
	Mailing Address:				
2.	Telephone Number(s):				
3.	B. E-mail:				
4.	4. Website:				
5.	Is the owner, or are the corporate officers, residents of Cambridge?YESNC				
6.	How many years has your food business been in operation?				
7.	Is your food truck currently licensed and permitted in Cambridge?YESNC				
8.	If yes to 7 above, what is your license number?				
	Note: A licensed and permitted truck in Cambridge will already have the following:				
	 Valid State of Massachusetts Hawkers & Peddlers License 				
	 Valid City of Cambridge Hawkers & Peddlers License (License Commission) 				
	Valid City of Cambridge Mobile Food Truck Permit (Inspectional Services Dept.)				
	Valid City of Cambridge Fire Department Inspection sticker				
9.	If yes to 7 above, where is your food business currently licensed and permitted to operate in Cambridge?				

10. Food Truck Pilot 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 (November 30, 2017), please contact CDD staff noted at the bottom of this application.

April 2018 to April 2019

	Cambridgeport	Central Square	North Point
*	Weekdays	Thu, Fri & Sat	Weekends
	10am – 3pm	Nights	10am – 6pm
		8pm – 12am	
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 ½ hour of setup and breakdown. Also, please note that 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.

11. Food Truck information and supporting documents required at time of submission for Food

Tr	uck Pilot Program:
	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 Inspection (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 inspection certification from that municipality is required).

provide a trash/recycling cans and perform regular sweeps of vending area?

12. Please describe your food business's method for dealing with customer waste; do you

13. Is	your food business one or more of the f	ollowing:
	A. A minority-owned business	
	B. A women-owned business	
14. Do	es your food business have one or more of	the following:
	A. A brick and mortar business inside Camb	-
	B. A brick and mortar business outside Cam	
	b) Address(es):	
	C. A vendor at another regularly occurring of	outdoor venue (e.g. the Cambridge Redevelopment
Aut	thority Food Truck Program)	
	a) Name of other venue(s):	
Note: You do	o not already need to be permitted to operate a	a food truck in Cambridge to apply. However, prior to
	•	will need to obtain all required permits and licenses.
	eline in the Food Truck Pilot Guidelines for an	
CERTIFIC	CATION	
	• •	the best of his/her knowledge and belief, and
	pains and penalties of perjury, that the info	
		plete and accurately describe the proposed
	nd the undersigned agrees to promptly info	
Developm	ent Department of any changes in the prop	osed project which may occur.
Print Applica	ant's Name	
Applicant's	Signature	Date
Drint Food F	Business Owner's Name	Toy ID #
Print Food E	Business Owner's Name	Tax ID #
Food Busine	ess Owner's Signature	Date
	COMPLETED APPLICATION	
Deliver, M	lail, E-mail or Fax Completed Application to):
Economic	Development Division	
Cambrida	e Community Development Department	
J	dway, 3 rd Floor	
	e, MA 02139	
Cambridg	0, 141/1 02 100	

Inquiries may be directed to:

Christina DiLisio, Associate Economic Development Specialist

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

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