



Town of North Attleboro  
Board of Health  
43 South Washington Street  
North Attleboro, MA 02760

Date rec. \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
License # \_\_\_\_\_  
Date issued \_\_\_\_\_  
Date of inspection \_\_\_\_\_  
All documents received \_\_\_\_\_

**For office use only**

New  Renewal  license application for:

## Mobile Food

License valid through: **April 30, 201\_**

**Fee: \$150.00 Per Truck**

\$125.00 late fee if renewal application is received after April 30th

Your Name:	
Location of Business:	
Mailing Address (if different):	
Telephone #:	Fax #:
E-Mail Address:	SSN#:
# of Trucks:	Truck Registration #(s):
Your Company's Name/Owner:	
Owner/Corporate Address:	
City, State, Zip:	
Owner/Corporate Phone #:	Federal TIN #:

The undersigned hereby applies for a license in the Town of North Attleboro in accordance with the provisions of the General Laws relating thereto and in accordance with the rules and regulations made under authority of those statutes.

- A Certified Food Protection Manager must be **on duty in each vehicle whenever food is prepared or served**, and copies of your employees' current certifications **must be submitted** with this application each year.
- **Ice cream vendors specifically must comply with the permitting requirements of 520 CMR 15.00, and attach proof of said compliance to this application (failure to attach such proof shall render this application incomplete).**
- All licenses are issued for one year beginning March 31<sup>st</sup> and are not pro-rated.
- **All new applicants are required to appear before the Board of Health** when the Board considers your application for the first time.
- Make check payable to the Town of North Attleboro and return application and check to the Board of Health.
- This license will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Social Security Number (SSN) or your company's Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to license suspension, revocation or non-renewal.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

\_\_\_\_\_  
Signature of owner, manager or corporate officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title