

# Boylston Board of Health

**APPLICATION FOR:**   ☐ **BASE OF OPERATION**

**at WooTrucks, a Division of Dogfather Vending, 67 Main Street, Boylston MA 01505**

Applicant's Name \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Use of Base of Operations \_\_\_\_\_ \$100.00/Yearly

**TOTAL ENCLOSED:**   \$\_\_\_\_\_

Complete the application and checklist and submit the following to the **Board of Health, 221 Main Street, Boylston MA 01505:**

Food Truck Number or Identification ☐

Copy of ServSafe Certificate ☐

Copy of Allergen Certificate ☐

Check made payable to the Town of Boylston ☐