

Boylston Board of Health

APPLICATION FOR: ☐ **MOBILE FOOD PERMIT**
to Operate and Sell Food in the Town of Boylston

Applicant's Name _____

Name of Establishment _____

Address _____

Telephone Number _____

Cell Phone Number _____ Email _____

Food Truck Permit _____ \$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:**

Current Base of Operation ☐

Food Truck Number or Identification ☐

Copy of ServSafe Certificate ☐

Copy of Allergen Certificate ☐

Check made payable to the Town of Boylston ☐