



Town of Ludlow Board of Health  
 488 Chapin Street  
 Ludlow, Ma 01056  
 (413) 583-5600 x1271

**Application for Mobile Server/Temporary Food Event**

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

Business Address \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing (if Different) \_\_\_\_\_ Email \_\_\_\_\_

Owner's Name & Phone #: \_\_\_\_\_

Type of Establishment:    Food Service            Mobile Food Truck            Licensed Residential Kitchen  
    Retail Food            Church/Non-Profit            Caterer            Other: \_\_\_\_\_

Type of Permit:            Mobile Server - \$120.00 annually            Temp Event (1-14 Days) - \$50.00 per event  
    Temp Event (Licensed Ludlow Establishment) - \$25.00 per event

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event Location: \_\_\_\_\_ Hours: \_\_\_\_\_

\*Current copies of the Food Safety Manager Certification and the Allergen Awareness Certification must be on file with the Board of Health or License will not be issued.

\*\*Please provide the following when submitting the application: a rough floor plan of truck/trailer, a copy of proposed menu, letter of agreement from base of operations/commissary, and copies of any other Town Permits and recent inspections if not a Ludlow business.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations (105 CMR 590.000). I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
 Print name of Applicant

\_\_\_\_\_  
 Signature of Applicant

Cash or Check Payable to: Town of Ludlow

\_\_\_\_\_  
 DEPARTMENT HEAD

**FOR OFFICE USE ONLY**  
 \_\_\_\_\_  
 DATE

APPROVED    DENIED

NOTES: