

PERMIT # \_\_\_\_\_ FEE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_



**Town of Granby  
Board of Health**

215B West State Street, Granby, MA 01033  
Phone (413) 467-7174 Fax (413) 467-3101  
[boh@granbyma.org](mailto:boh@granbyma.org)

**MMOBILE FOOD APPLICATION**

This permit is issued to \_\_\_\_\_

Permit is contingent upon an inspection by any member of the Granby Board of Health.

Permit is granted under local authority but in accordance with the State of Massachusetts State Sanitary Code 105 CMR 590.029 and 590.030 (a copy of which is attached for the vendor).

Food Establishments Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of permit holder: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

List of foods to be sold and procedure of operation. \_\_\_\_\_

Location of Events: \_\_\_\_\_

FID# or SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MOBILE FOOD LICENSE.....\$50.00**

**ALL ANNUAL PERMITS EXPIRE DECEMBER 31.**

<b>Copy of Serv-safe certificate:</b>	<b>YES</b>	<b>NO</b>
<b>Copy of Allergen Training certificate:</b>	<b>YES</b>	<b>NO</b>
<b>Copy of CommonVictualler's License:</b>	<b>YES</b>	<b>NO</b>

An inspection was completed on \_\_\_\_\_ and all applicable requirements of regulations have been met.

\_\_\_\_\_  
Board of Health Member                      Date

\_\_\_\_\_  
Applicant    Date