



Town of Deerfield

Board of Health

Alex White, Health Agent
Deerfield Municipal Offices
8 Conway Street
South Deerfield, MA 01373
Ph: 413-665-1400 x 109
Fax: 413-665-1411

MOBILE FOOD UNIT APPLICATION

EVENT FEE:	\$35 per temporary event for 4 consecutive days
PLAN REVIEW FEE:	\$100 (for first-time applicants only)
PRE-OPERATIONAL INSPECTION FEE:	\$150 (annual)
*** Application fee is non-refundable. Make checks payable to Town of Deerfield ***	
APPLICATION MUST BE RECEIVED 14 DAYS PRIOR TO EVENT	
MUST CONTACT THE FIRE DISTRICT FOR A FIRE INSPECTION	
FOR SOUTH DEERFIELD (Zip Code: 01373) EVENTS:	
Captain Kurt Seaman at kseaman@southdeerfieldfire.org or call 413-665-2313	
FOR OLD DEERFIELD & DEERFIELD (Zip Code: 01342) EVENTS:	
Chief Daren Melnik at chiefmelnikdeerfieldfire@gmail.com or call 413-218-4008	

Pursuant to 105 CMR 590.010(A) Caterers, 105 CMR 590.010 (B) Mobile/Pushcart
Food Units shall operate from a base of operations

BUSINESS NAME:	
OWNER'S FULL NAME:	
OWNER'S ADDRESS:	
OWNER'S PHONE NUMBER:	
OWNER'S EMAIL:	
BASE OF OPERATIONS NAME:	
BASE OF OPERATIONS ADDRESS:	
BASE OF OPERATIONS PHONE:	
FID:	
EVENT NAME:	



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EVENT SPECIFIC LOCATION:	
EVENT DATE(S) & TIME:	
PERSON-IN-CHARGE NAME @ EVENT:	
PERSON-IN-CHARGE PHONE:	

ATTACHMENTS REQUIRED:

- Photos of unit including front, sides, and back. Unit must be easily identifiable with name of business.
- Proposed menu
- Names and addresses of food sources
- Food Protection Manager certificate
- Allergen Awareness certificate
- Declaration of Base of Operations
- Copy of active current Base of Operations permit

FOOD SAFETY CERTIFICATION:

- I certify that I understand and will comply with 105 CMR 590.000: State Sanitary Code, Chapter X – Minimum Sanitation Standards for Food Establishments

Signed _____ Date: _____

Owner of Base of Operations

Signed _____ Date: _____

Caterer, Owner of Mobile Unit or Pushcart