



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Mobile Food Vendor Permit Application**

**Fee: \$170.00**

Name of Vehicle: \_\_\_\_\_

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Operator: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(If different from owner)

Operator's State Hawkers License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
(Attach copy of License)

Certified Food Manager: \_\_\_\_\_  
(Attach certificate- if applicable)

Route: \_\_\_\_\_

Base of Operation: \_\_\_\_\_  
(Must be a licensed food establishment)

List of Food items to be sold: \_\_\_\_\_  
(Attach additional page if necessary)

Type of Vehicle: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Days/Hours of operation \_\_\_\_\_

List all toilet facilities along route: \_\_\_\_\_

**The operator must provide a copy of his/her ice cream truck vending permit issued by either the Arlington Police Department or the police department in the town in which he /she resides.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date