



*Town of East Brookfield,
Massachusetts*

BOARD OF HEALTH
122 Connie Mack Drive
East Brookfield, Massachusetts 01515

LUNCH CART AND FOOD TRUCK PERMIT APPLICATION

(Application must be submitted at least 30 days prior to planned opening date)

For Year: 2024

Establishment Name _____

Establishment Address/License Plate #: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No.: _____ Fax No. (if any) _____

Applicant Name & Title _____

Applicant Address (No P.O. Boxes): _____

Applicant Telephone No.: _____ 24-Hour Emergency No.: _____

Owner Name & Title (if different from applicant): _____

Owner Address (if different from applicant): _____

Establishment Owned By: _____

Email address: _____

If a corporation or partnership, give name, title and home address of officers or partners (attach if necessary).

Name	Title	Address
------	-------	---------

___ An Association: _____

___ A Corporation: _____

___ An Individual : _____

___ A Partnership : _____

___ Other Legal Entity: _____

Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manage, etc.): Name & Title: _____

Address: _____

Telephone: _____

Emergency Telephone No.: _____ Fax No.: _____

*Town of East Brookfield,
Massachusetts*

**BOARD OF HEALTH
122 Connie Mack Drive
East Brookfield, Massachusetts 01515**

District or Regional Supervisor (if applicable):

Name & Title: _____

Address: _____

Telephone No: _____ Fax No.: _____

Submit this form and the following:

- Signed Application (sign on page 3)
- Signed Tax Compliance Certificate (page 4)
- Completed Workers Compensation Insurance Affidavit with compensation policy declaration page (showing the policy number and expiration date). (Page 5-6)
- **Attach a check to cover the fee in the amount of \$120.00 payable to the Town of East Brookfield.**

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____