



TOWN OF AGAWAM
36 Main Street
Agawam, MA 01001
(413) 786-0400 Ext. 8207

MOBILE VENDOR APPLICATION

Name of Business: _____

Name of owner: _____

Address of owner: _____

City & zip code: _____

Home telephone number: _____

Social Security number: _____ **Federal ID number:** _____

Applicant's signature _____ **Date** _____

BASE OF OPERATION

Name of Business: _____

Name of owner: _____

Address & zip code: _____

Business telephone: _____

Establishment type: _____

Days/hours of operation: _____

HEALTH DEPARTMENT USE ONLY

1. Copy of base operations "Food Service Permit"
2. Copy of base operations latest inspection report issued from their local Board of Health
3. Letter from owner of establishment granting the pushcart owner permission to use his/her place of business as base of operations.

4. Letter from owner of a fixed food establishment granting pushcart owner and employees permission to use bathroom facilities, water supply and facilities for sanitizing equipment as needed.

5. Food to be served:

6. Unit properly identified

7. Report from Health Department

8. Comments

PERMIT: Date approved _____

Date disapproved _____