

Accountant 862-6200
Assessors 862-6203
Cable TV 862-6204
Clerk 862-6207
Cemetery 862-4400
Collector 862-6201
Electric 862-4400



Highway 862-3100
Police 862-6209
Selectman 862-6211
Sewer 862-6215
Town hall 862-3265
Treasurer 862-6202
Water 862-3104

Town of Russell
65 Main Street · P.O. 407
Russell, Massachusetts 01071-0407

APPLICATION FOR MOBILE FOOD PERMIT

Name of Establishment: _____

Mailing Address: _____

Owner's Name: _____ Phone #: _____

Base of Operations: _____ Phone #: _____

Base of Operations Address: _____

Person Responsible for Daily Operations (if different than owner):

Name: _____ Phone #: _____

Venue Location(s), Date(s), Times: _____

Please Provide Copies of the following:

- Hawker & Peddlers
- Insurance / Workers' Comp (if applicable)
- Certified Food Protection Manager
- Allergen Awareness Certificate
- Sample Menu

By signing this document below, I agree to the following statements:

I affirm that the food establishment operations will comply with 105 CMR 590.00, FDA Food Code and all other applicable law.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this application is true and correct.

Signature: _____ Date: _____

Print: _____ Email: _____

NOTE: Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the permit, or for suspending, canceling or revoking a permit already properly granted.