



Town of Sudbury

Board of Health

<http://www.sudbury.ma.us/Health>

DPW Office Building
275 Old Lancaster Road
Sudbury, MA 01776
978 440-5479

[emailto:health@sudbury.ma.us](mailto:health@sudbury.ma.us)

Calendar Year 2024

TO: Food Truck Vendors

RE: 2024 Temp Permit/2024 Seasonal Permit

Please read through the instructions below and fill out the enclosed forms. The Sudbury Health Department will require submission of the food application and the required documents listed below in order to issue a 2024 Food Permit;

- Sudbury Application (enclosed)
- Pictures of Full Interior of Food Truck or Trailer (including sinks)
- Truck **must** be equipped with hand washing sink (not negotiable)
- Application Fee (pay to Town of Sudbury – use enclosed Fee Schedule to determine fee)
- Specify date(s) and location(s) where you will be stationed in Sudbury
- Worker's Compensation Insurance Affidavit (enclosed)
- Copy of your Workers Compensation Insurance Declaration page.
- Certifications: ServSafe, Food Allergen, CPR, Choking etc...
- Hawker's/Pedlar's License
- Permit from another Mass. community – dated current calendar year.
- Written confirmation acknowledging compliance with Sudbury Bag, Bottle, Plastic and Polystyrene by-laws.

As a result of recent Emergency Notifications we are requiring all business owners to sign up for reverse 911 calls for all Sudbury Town Alerts.

Send Payment and forms to the Health Department (address below).

One day/weekend permit = \$75.00, Seasonal Permit = \$200.00.

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Thank you for your attention to this matter.

Sincerely,
Vivian Zeng Health Director
Sudbury Board of Health
275 Old Lancaster Rd.
Sudbury MA 01776
health@sudbury.ma.us
Monday-Friday 8:00am-3:00pm



**SUDBURY HEALTH
DEPARTMENT**

275 OLD LANCASTER ROAD

SUDBURY, MA 01776

Tel (978)440-5479 Fax (978)440-5404

HEALTH@SUDBURY.MA.US

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

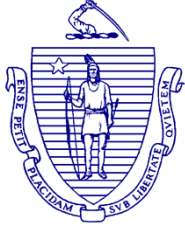
Permit # Issued

Fee

2024 Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	Email:
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	Email:
8) Owner Name and Title (if different from applicant):	
9) Owner Address (if different from applicant):	
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partners: <u>Name:</u> <u>Title:</u> <u>Address:</u> _____ _____ _____ _____
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Email:
Emergency Telephone No:	
13) District Or Regional Supervisor (if applicable)	
Name & Title :	
Address:	
Telephone No:	Email:

14) Source of Water Sewage Disposal		15) Rubbish Disposal Co. _____ Rendering Co. (For Grease)																					
16) Days and Hours of Operation:		17) No. of Food Employees																					
18) Name of Person In Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.</i>																							
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No																							
20) Location: <i>(check one)</i> <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Reg.#: _____ Base of Operation: _____		21) Establishment Type <i>(check all that apply)</i> <input type="checkbox"/> Retail (sq.ft) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Service (Seats) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Food Service-Institution <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home (Meals/Day) <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Estab. (Beds) <input type="checkbox"/> Frozen Dessert Manufacturer <u>Other (Describe):</u>																					
22) Length of Permit: <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates <input type="checkbox"/> _____ Temporary/Dates/Time _____		23) Food Operations: <i>(check all that apply):</i>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> Commercially Pre-Packaged Non-PHF's</td> <td style="padding: 5px;"><input type="checkbox"/> PHF Cooked To Order</td> <td style="padding: 5px;"><input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Commercially Pre-Packaged PHFs</td> <td style="padding: 5px;"><input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service</td> <td rowspan="2" style="padding: 5px;"><input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Preparation of Non-PHFs</td> <td style="padding: 5px;"><input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours</td> <td style="padding: 5px;"><input type="checkbox"/> Customer Self-Service</td> <td rowspan="4" style="padding: 5px;"><input type="checkbox"/> Vacuum Packaging/Cook Chill <input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan <input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only</td> <td style="padding: 5px;"><input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Delivers Food Within 1 Hour of Preparation</td> <td style="padding: 5px;"><input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Other (Describe):</td> <td style="padding: 5px;"><input type="checkbox"/> Offers RTE PHF in Bulk Quantities</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food</td> <td></td> </tr> </table>				<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service	<input type="checkbox"/> Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	<input type="checkbox"/> Preparation of Non-PHFs	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Vacuum Packaging/Cook Chill <input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan <input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Delivers Food Within 1 Hour of Preparation	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities		<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	
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I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.																							
24) Signature of Applicant: _____																							
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I , to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.																							
25) Federal ID: _____																							
26) Signature of Individual or Corporate Name: _____																							



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____ Date: _____

Phone #: _____

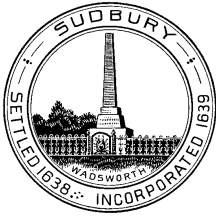
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____



Town of Sudbury

Board of Health

Sudbury Health Department
275 Old Lancaster Road
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978-440-5478
Health@sudbury.ma.us

RE: Acknowledgement and Understanding of the following Sudbury Bylaws:

- Bag and Bottle Ban
- Polystyrene (Styrofoam) Ban
- Plastics Ban

Food Vendors/Establishments,

You have been provided with the Sudbury Bylaws prohibiting the sale of water in bottles sized 1 liter or less. The use of thin gaged plastic bags. The use of serving containers or cups made of styrofoam. The use of plastic straws, stirrers, lids, cups and other disposable plastics.

I acknowledge that I have read and understand the conditions of the bylaws and will remain compliant while conducting business within the Town of Sudbury Massachusetts.

Name of Business

Name of Event

Location of Event

Print Name

Signature

Date: _____

Submit this signed document with application and other required paperwork.



Sudbury Board of Health Permit Fee Schedule

275 Old Lancaster Rd
Sudbury MA 01776
978-440-5479
Health@sudbury.ma.us

Permit/License	Fees
Animal Permits	
Animal/Stable Permit (2-year)	\$50.00
• Chicken Coop (2-year)	\$50.00
Beaver Trapping Permit	\$50.00
Body Art	
Body Art Establishment	\$600.00
Body Art Practitioner	\$600.00
Body Art Apprentice	\$300.00
Camps	
Camps 1 Session	\$250.00
Camps 2 – 4 Sessions	\$300.00
Camps 3 – 5 Sessions	\$400.00
Camps 7+ Sessions	\$500.00
Food	
Restaurants/Food Service	
• Food Service Restaurant - Less Than 50 Seats	\$350.00
• Food Service Restaurant – 50 – 99 Seats	\$600.00
• Food Service Restaurant – 100 – 149 Seats	\$725.00
• Food Service Restaurant – 149 – 199 Seats	\$850.00
• Food Service Restaurant – 200 – 249 Seats	\$975.00
• Food Service Restaurant - 250 – 299 Seats	\$1,125.00
• Food Service Restaurant – 300 +	\$1,350.00
Bakery (No Seating)	\$200.00
Caterer	\$200.00
Farmers Market	
• Seasonal (Per Stall)	\$50.00
• Weekly (Per Stall)	\$25.00
Frozen Desert Machine (per machine)	\$50.00
Food Truck (Seasonal)	\$200.00
Food Truck (One Day/Temporary)	\$75.00
Ice Cream Truck	\$200.00
Kitchen	
• Commercial/Satellite (Ghost/Cloud/Commissary Kitchens)	\$200.00
• Residential	\$100.00
Retail	
• Convenience Stores	\$200.00
• Limited	\$50.00



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Permit/License	Fees
Food (cont'd)	
• Grocery Store/Full Retail Market	\$600.00
Special Processes Requiring HACCP (Per Process)	\$200.00
Kitchen Plan Reviews	
• Limited Kitchen	\$100.00
• Less Than 50 Seats	\$200.00
• 50 – 149 Seats	\$400.00
• More Than 150 Seats	\$600.00
Retail Plan Review	
• Limited	\$100.00
• Convenience or Bakery	\$200.00
• Full Retail Market	\$600.00
Special Process HACCP Plan Review	\$200.00
Additional Construction Inspections (After 3 rd Inspection)	\$50.00 Each
Pools Public/Semi Public	
Pools Seasonal	\$200.00
Pools Year Round	\$300.00
Pools Plan Review	\$300.00
Pools Re-Inspection	\$50.00
Septic	
Soil Testing Residential and Commercial	\$250.00
Residential New Construction Plan Review (Increase in design flow)	\$750.00
Residential Repair Septic (No increase in design flow)	\$300.00
Residential Minor Repair (per component)	\$50.00
Commercial New System up to 549 gpd	\$850.00
Commercial New System 550 – 999 gpd	\$1,000.00
Commercial New System 1000 gpd +	\$100 per extra 1,000 gpd
Abandonment/Decommission (Per Component)	\$50.00
Small Waste Water Treatment Facility 2,000 – 10,000	\$1.00 Per Gallon
Commercial Innovative/Alternative GPD 2,000 – 10,000	\$1.00 Per Gallon
Annual Review/Renewal of Septic Plan (Per Lot/Per Septic)	\$100.00
Title 5 Report Filing	\$25.00
Septic Installer/Hauler and Rubbish Hauler	
Septic Installer Permit	\$200.00



Sudbury Board of Health Permit Fee Schedule

275 Old Lancaster Rd
Sudbury MA 01776
978-440-5479
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Septic Installer/Hauler and Rubbish Hauler (cont'd)	
Septic Hauler/Rubbish Hauler Permit	\$200.00
• Add \$75.00 Per Truck	\$75.00
Trench Permit	
Trench Permit (per site)	\$50.00
Tobacco	
Tobacco Sales Permit	\$250.00
Wells	
Irrigation, Potable, Geothermal, Commercial, Residential, Abandonment	\$300.00

Unless otherwise indicated, all permits are applicable for one year only and expire on December 31st of every year.

In order for a permit or license renewal to be considered by the Sudbury Health Department, it must be:

- submitted with all required documentation and attachments;
- complete and accurate;
- inclusive of payment in full.

Any outstanding fines/fees must be paid in full prior to processing a permit renewal application.

A surcharge for a late license/permit renewal will result in a DOUBLE FEE.

An inspection following noncompliance for Operating Without a Permit will result in a DOUBLE FEE.