



**Board of License Commissioners
Greenfield, Massachusetts**

14 Court Square, Greenfield, MA 01301
phone: 413) 772-1580 fax: 413) 772-1519
email: LoriK@townofgreenfield.org

Application for a Mobile Food Unit License

Please note: The following additional licenses are required for Lunch Cart Vendors:

- 1) Massachusetts State Hawker & Peddlers License from the Division of Standards
(www.mass.gov)
- 2) Sales Tax License from the Department of Revenue (www.dor.state.ma.us).
- 3) A permit from the Greenfield Health Department boardofhealth@townofgreenfield.org
- 4) If the mobile food unit will be located within the public way, you must also maintain liability insurance naming the Town of Greenfield as an additional insured and fill out page two of this application.

Date _____

Applicant information:

Applicant / licensee name _____

Applicant / licensee address _____

Applicant / licensee phone number _____

Applicant / licensee email _____

Social security number _____

– OR –

Business FID number _____

Size & general description of mobile unit _____

Type of food to be sold _____

Will mobile food unit be in a fixed location or driving around? _____

If in a fixed location, at what location? _____

Please note, if this is on private property, you must provide documentation from the land owner indicating your right to locate your mobile food unit on their property.

If this is on Town owned property, you must submit an application for use of the public ways.



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Application for temporary / semi-permanent use of public rights of way

For the purposes of this application, uses on public rights of way include any activity &/or things located, placed, or displayed on or above sidewalks, streets, &/or parking lots.

For vendors requesting use of the public way

Specify the location / segment of public way for which you are applying to use. _____

Days and hours that use would occur:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Attach proof of a comprehensive **liability insurance** policy in an amount to be determined by the Licensing Commission, with the Town of Greenfield as additional insured and stipulating that no other insurance effected by the Town of Greenfield will be called on to contribute to a loss. The policy must remain in effect for the continuance of the permit and the City notified prior to any cancellation or change.

I have read and understand the regulations for use of public ways:

_____ date