



**TAKEOUT FOOD LICENSE APPLICATION
FOR TAKEOUT FOOD SERVED BY MOBILE FOOD VENDORS**

Date Applied:	Date Approved:	Date Issued:
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<i>Office Use Only</i>	Fees Paid:	Tax Cert:	Resumes:	H&P Info:	Plan:	Interview:
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The undersigned hereby applies for a Takeout Food License in accordance with the provisions of Town of Wellesley Bylaw, Article 49.2C.

(PLEASE TYPE OR PRINT CLEARLY)

Name of Applicant: _____ Date: _____

D.O.B: _____ S.S.N: _____ Dr. Lic #: _____ Fed. ID #: _____

Business Address: _____

Home Address: _____

Business Telephone: _____ Cell Phone: _____

Name of Operation: _____

Provide Name and Social Security Number for Each Employee

Name	Social Security Number

Plan Review and/or Preliminary Approval *(Required Before Takeout Food License will be Approved)*

Reviewing Department	Signature of Approving Authority	Date of Plan Review/Approval
Building Department:		
Health Department:		
Police Department		
Fire Department:		

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH LOCATION:

What will be the hours of operation? _____

Time(s) of Peak Customer Activity _____

Est. Number of Customers at Peak Time(s): ____ Est. Number of Employees at Peak Time(s): _____

What provisions have been made for trash removal?

**LIST THE LOCATIONS WHERE THE MOBILE FOOD VEHICLE WILL BE DEPLOYED AND ATTACH A SKETCH OF HOW THE VEHICLE WILL BE POSITIONED AND OTHER DETAILS OF THE AREA TO BE LICENSED.
(Please provide a sketch for each location.)**

Location

I the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge:

Signature: _____ Printed Name: _____ Date: _____

Note: No Takeout Food License will be approved until the applicant addresses all issues and/or concerns to the satisfaction of the Board of Selectmen; and no TFL will be issued until all required inspections have been conducted, permits granted, and final approvals given.

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FOR OFFICE USE ONLY

Final Permits/Approvals Granted *(Required Before TFL will be Issued)*

<i>Approving Department</i>	<i>Yes</i>	<i>No</i>	<i>If "No," Reason Why</i>	<i>Date of Final Approval</i>
Building Department:				
Health Department:				
Police Department:				
Fire Department:				