

Environmental Health Department  
18 Mulberry Street, Nashua, NH 03060  
phone: 603-589-4530  
fax: 603-589-4539



## Mobile Vendor

# Application for Annual Food Service License

(NRO 2008 Chapter 170)

Please complete the following form and, if necessary, attach the supporting documentation, which must be submitted before a new food service license is issued and upon license renewal. Incomplete applications will be returned. Licenses are non-transferable person to person, place to place and vehicle to vehicle. License must be posted conspicuously at mobile unit. For license renewals, failure to obtain the new license by the expiration date noted on the license will result in immediate closure until such time as a valid food service license is obtained.

License Application Type:			
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Name			
<b>Owner/Establishment Information</b>			
Name of Mobile Unit:			
Type of Ownership:			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		<input type="checkbox"/> Not for Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____	
Full Legal Name of Corporation, LLC or Individual Owner:			
Tax ID:		Owner Phone Number:	
Copy of legal filings with NH Secretary of State for your business name must be included with an application for a new mobile unit, if there is a change of ownership, or whenever there are changes filed with the Secretary of State.			
Owner Mailing Address:		Email Address:	
Owner Physical Address:		Fax Number:	
Emergency Contact Name:		Emergency Contact Number:	
If change of ownership or change of mobile unit's name, please list prior information:			
<b>Mobile Unit Information</b>			
Type of unit (hot dog cart, ice cream truck, canteen truck, etc.):			
Vehicle/Trailer Make:		Model:	VIN:
Year of Manufacture:		Color:	License Plate:
<b>Routes and Times of Arrival-please attach additional pages if necessary</b>			
Location:	Time:	Location:	Time:
Location:	Time:	Location:	Time:
Location:	Time:	Location:	Time:
<b>Water and Wastewater</b>			
Water Supply:		<input type="checkbox"/> Private Well <input type="checkbox"/> Public Water System	Supplier Name/EPA ID:
Wastewater Disposal:		<input type="checkbox"/> Private Wastewater <input type="checkbox"/> Public Wastewater	Supplier Name:

**Food-please list any changes or additions to menu**

List **NEW** types of food to be sold or distributed, to include ice, beverages and condiments. All foods must come from approved sources. **No home-prepared or stored foods are allowed.**

Food	Source	Preparation	Temperature Control

**Commissary Information**

Commissary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Daily Servicing Time(s) at Commissary: \_\_\_\_\_

**Schedule of Operations**

List daily hours:	Monday	Friday
	Tuesday	Saturday
	Wednesday	Sunday
	Thursday	

List Specific dates if only open during part of year: \_\_\_\_\_

**Please also submit the following:**

- Fee-cash, check or money order, made payable to "City of Nashua"
- Completed and signed Commissary Agreement
- Copy of Motor Vehicle Registration, if unit is driven
- If using well water, laboratory analysis for bacteria, nitrates and nitrites
- Copy of the most recent inspection of Commissary, unless licensed in Nashua
- Copy of driver's license, if unit is driven

**Initial approval/Changes also require:**

- Plan review fee
- NH Secretary of State's legal filings
- All documents necessary for plan approval such as pictures, layout drawing, equipment cut sheets, proposed menu, etc.

I understand that all operators must obtain a City of Nashua Hawkers & Peddler's License immediately after obtaining my Mobile Vendor License if I will vend on public property. **Initials:** \_\_\_\_\_

I hereby attest that all information provided in or attached to this application is complete, accurate and up-to-date. I understand that it is my responsibility to immediately notify the Environmental Health Department with regard to any changes, corrections or updates to the information provided. Any license granted under this application is expressly conditioned upon continued adherence by the applicant(s) to all municipal and state laws and regulations including land use regulations related to the operation of the licensed establishment. Any license granted hereunder may be suspended or revoked for violation of any such laws or regulations.

<b>Print Owner's Name</b>	<b>Owner Signature</b>	<b>Date</b>

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Date received:	Check number:	Check amount:

Plan review completion date:	EH Initials:	License Number:	Date Licensed:



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**He-P 2326 Mobile Food Units and Pushcarts-Requirements**

(State of NH He-P 2300 and NRO 2008, Chapter 170)

Types of Foods Sold	He-P 2304	He-P 2305	He-P 2306	He-P 2307	He-P 2317	He-P 2326.01 (b)(2)(d)	He-P 2326.01 (b)(2)(e)	He-P 2326.01 (b)(2)(f)	He-P 2326.04	He-P 2326.05	References
	Food Protection	Personnel	Equipment Food Contact Surfaces	Equipment Non-Food Contact Surfaces	Floors, Walls and Ceilings	Handsink	3-Bay sink or commissary	Protection for all outer openings	Water Systems	Wastewater Systems	
<b>Unwrapped PHF(TCS)</b>	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	2326.01 (b)(2)a-f
<b>Shrimp, Fish</b>	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	2326.01 (b)(2)a-f
<b>Hot dogs</b>	Required	Required	Required	Required	Required Storage	Required	Required	Not Required <i>*Overhead Protection</i>	Required	Required	2326.01 (b)(2) a,b,d,e,f* 2326.01(e)
<b>Wrapped PHF(TCS)</b>	Required	Not Required	Required	Required	Required Storage	Not Required	Not Required	Not Required	Not Required	Not Required	2326.01 (b)(2)a, b, d 2326.01(e)
<b>Pre-packaged ice cream</b>	Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	2326.01 (b)(2)a, b, d 2326.01(e)
<b>Unwrapped Non-PHF (TCS)</b>	Temperature Controls Not Required	Required	Required	Required	Required	Required	Not Required	Required	Required	Required	2326.01 (b)(2) a,b,c,d,e,f

**PHF(TCS)=Potentially Hazardous Food(Time/Temperature Control for Safety Food)**

He-P 2326.01(b)(2)

- a. Water which complies with He-P 2311\*\*
- b. Hot and cold water under pressure\*\*
- c. Protection against contamination as required in He-P 2304.31
- d. Handwash sink which complies with He-P2314.03(a)(2)
- e. 3-bay sink or licensed commissary at which utensils can be washed daily
- f. Protection for all outer openings against the entrance of insects, as required by He-P 2316.01(d)

When a mobile vendor conducts differing operations on a single unit, the most stringent requirements apply to the entire unit.

\*\*Applicable only if He-P 2326.04 and He-P 2326.05 are required.

## FDA FOOD CODE MOBILE FOOD ESTABLISHMENT MATRIX

<i>Food Code</i>	<i>Potentially Hazardous Food (TCS food) Menu</i>	<i>Not Potentially Hazardous Food (TCS Food) Menu</i>	<i>Food Code</i>
<i>Areas/Chapter</i>	<i>Food Preparation</i>	<i>Prepackaged</i>	<i>Food Preparation</i>
<b>Personnel</b>	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (C)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (C)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (C)
<b>Food</b>	3-101.11 3-201.11-.16 3-202.16; Applicable Sections of Part 3-3; 3-501.16 3-501.18(A)	3-101.11 3-201.11-.16 3-303.12(A) 3-501.16 3-305.11; 3-305.12 (Applicable to Service Area or Commissary)	3-101.11; 3-201.11 3-202.16; Applicable Sections of Part 3-3
<b>Temperature Requirements</b>	3-202.11; Applicable Sections of Parts 3-4 & 3-5	3-202.11 3-501.16	NONE
<b>Equipment Requirements</b>	Applicable Sections of Parts 4-1 - 4-9 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-6 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-5 - 4-6 and 5-5
<b>Water &amp; Sewage</b>	5-104.12 5-203.11(A) & (C) Part 5-3; 5-401.11 5-402.13-.15	5-104.12 5-203.11(A) & (C) Part 5-3; 5-401.11 5-402.13 -.15	5-104.12 5-203.11(A) & (C) Part 5-3; 5-401.11 5-402.13-.15
<b>Physical Facility</b>	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111	6-101.11 6-102.11(A) & (B) 6-202.15 6-501.111	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111
<b>Toxic Materials</b>	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7
<b>Servicing</b>	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code