

# WEYMOUTH HEALTH DEPARTMENT

Weymouth Town Hall  
75 Middle Street  
Weymouth, MA 02189



Tel. (781) 340-5008  
Fax. (781) 682-6112  
www.weymouth.ma.us/health

## 2024 Ice Cream Truck Permit Application

1) Business Name:		
2) Ice Cream Truck DBA Name:		
3) Applicant Name & Title:		
4) Business Address:		
5) Mailing Address (if different):		
6) 24 Hour Emergency Telephone # (required):		
7) Home Address:		
8) Email Address:		
9) * Vehicle Registration # _____ Registration Expiration Date: _____ * You must attach a copy		
10) Are you currently Licensed by the Police in Weymouth?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a License in another municipality (attach a copy):		<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Confirm your understanding that the following is needed for all food handling: Food grade gloves: <input type="checkbox"/> Food thermometer: <input type="checkbox"/> Hand sanitizer/towels: <input type="checkbox"/> Initial: _____		
12) I understand that this permit allows me to only sell prepackages frozen ice cream, scooped ice cream, drinks and prepackaged candy: <input type="checkbox"/> Yes Initial: _____		
13) In compliance with MGL chapter 152 it is a requirement that you submit a completed Worker's Compensation Insurance Affidavit and the policy declaration page. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

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.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_