

**DIVISION OF HEALTH INSPECTIONS PROCEDURES FOR OBTAINING A MOBILE PERMIT  
(PLEASE READ CAREFULLY AND IF YOU ARE UNSURE PLEASE INQUIRE)**

為獲得流動許可證接受衛生科檢查的程序  
(請仔細閱讀，如果不確定，請詢問)

In order to obtain a Mobile Food Health Permit from the Inspectional Services Department the following documents must be submitted prior to the inspection. Inspections **CANNOT** be performed if information is incomplete and not submitted prior to inspection.

為了獲得檢查服務部頒發的流動食品衛生許可證，必須在檢查前提供以下文件。如果資訊不完整且未在檢查前提交，則不能進行檢查。

If you are vending in the City of Boston you may have to go to Police Headquarters, 1 Schroeder Plaza Boston, MA 02120, 617-343-4425, to verify where you can sell. (SOME AREAS ARE RESTRICTED)

如果您在波士頓市販賣物品，您可能需要前往警察總局（地址：1 Schroeder Plaza Boston, MA 02120，電話：617-343-4425），確認您可以在哪裡銷售物品。（一些區域禁止銷售）

If you are a mobile food walk on truck you are required to contact Office of Economic Development Boston City Hall, 1 City Hall Plaza, Rm. 603, Boston, MA, 02201. 617- 635-1456

如果您是用流動車輛銷售食品，您必須與經濟發展辦公室聯繫（地址：Boston City Hall, 1 City Hall Plaza, Rm. 603, Boston, MA, 02201；電話：617- 635-1456）。

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Place, Rm. 1115, Boston, MA 02108. 617-727-3480

如果您是在固定地點銷售，您必須從標準科（地址：One Ashburton Place, Rm. 1115, Boston, MA 02108；電話：617-727-3480）領取商販牌照。

If you are vending on a public property, you must obtain a permit from the Department of Public Works, Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201 617-635-4911.

如果您是在公共物業上銷售，您必須從公共工程部（地址：Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201；電話：617-635-4911）領取許可證。

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Department, Building Division, 1010 Mass. Ave, 5<sup>th</sup> Fl., Boston, MA 02118. 617-635-5300.

如果您是在私人物業上銷售，您必須從檢查服務部（地址：Building Division, 1010 Mass. Ave, 5<sup>th</sup> Fl., Boston, MA 02118；電話：617-635-5300）領取物業使用許可證。

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118. 617-635-4505.

如果您是在城市公園內銷售，您必須從公園與娛樂部（地址：1010 Mass. Ave, 3rd Fl., Boston, MA 02118；電話：617-635-4505）領取許可證。

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, RM 116, and 617-727-2834.

您必須索取一份《麻薩諸塞州法規》第 105 章第 590.000 款《麻薩諸塞州衛生法典》和《1999 年聯邦食品法典》。請在州議院書店 116 室索取，電話：617-727-2834。

New mobile food units must submit plans for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas McAdams at 617-961-3293.

新流動食品銷售點必須在獲得衛生許可證之前提交計劃，獲得衛生科的批准。僅限透過預約審查計劃。如需預約，請電洽 Thomas McAdams，電話號碼 617-961-3293。

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food and supplies and for all cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating you have permission to perform these duties from their establishment along with a copy of their permit. 所有流動食品銷售點或手推車均應由固定持照食品企業經營，並應每天兩次向該地點報告所有的食品和用品以及所有的清潔和消毒設施和設備。您必須用該企業的信函紙提供一封信函，說明您獲得許可以該企業的名義履行這些職責，並隨附一份該企業的許可證。

If you sell potentially hazardous foods, you are required to have a full time on site certified food protection manager assigned to the mobile food operation. Please ask for course package. These courses are not offered by the City of Boston but through private consultants.

如果您出售具有潛在危險的食品，則需要將一名全職現場認證食品保護經理分配到流動食品運營地點。請索取全套課程資料。這些課程不是由波士頓市政府提供，而是透過私人顧問提供。

You must complete a Health Division application and provide the required documents and licenses at the time of your inspection. Inspections are performed at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Mobile Food permits fees are \$100 per unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine, the fee is \$100. You are also be required to have a lab that will test your machines once a month and submit those reports to the Health Division. **No application will be accepted if the Tax ID # is blank.**

您必須填寫衛生科申請表，並在檢查時提供要求的文件和牌照。檢查時間為星期一至星期五上午 8 點至上午 9 點 30 分，地點：1010 Massachusetts Ave。流動食品供應許可證收費標準為每個銷售點 \$100，如果您銷售牛奶或冰淇淋，則每個銷售點收費為 \$30。如果您使用霜淇淋機器製作冷凍甜點，則收費為 \$100。您還必須有一個實驗室，每個月對機器進行一次測試，並將這些報告提交給衛生科。**如果無納稅號碼，則不會接收申請。**

If you are using propane, generators or open flame you are required to contact Boston Fire Department, 1010 Mass. Ave. Boston, MA 02118. Ask to speak with Special Hazards Division, 617-343-3447, to see if a fire inspection and/or permit are needed. If you have an exhaust system you are required to contact Dave Hayes, Fire Marshal's Office at 617-343-2019.

如果您使用丙烷、發電機或明火，則需要與波士頓消防局聯繫（地點：1010 Mass. Ave. Boston, MA 02118）。要求與特殊危險品科通話，電話號碼 617-343-3447，瞭解是否需要接受火災檢查和/或領取許可證。如果您有排氣系統，則需要與消防部門主管辦公室 Dave Hayes 聯繫，電話號碼 617-343-2019。

BOSTON INSPECTIONAL SERVICES DEPARTMENT  
 DIVISION OF HEALTH INSPECTIONS 1010 MASSACHUSETTS AVE.  
 BOSTON, MA 02118  
 Tel (617) 635-5326 Fax (617) 635-5388

**Food Establishment Permit Application**  
 食品設施許可證申請表

FOR BOARD OF HEALTH USE ONLY					
Date Received	Date Inspected	Approved By	Permit # Issued		Fee

1) Establishment Name: 1) 設施名稱：	
2) Establishment Address: 2) 設施地址：	
3) Establishment Mailing Address (if different) 3) 設施郵寄地址（如不同）：	
4) Establishment Telephone No: 4) 設施電話號碼：	
5) Applicant <b>Name and Title</b> : 5) 申請人 <b>姓名和職稱</b> ：	
6) Applicant Address: 6) 申請人地址：	
7) Applicant Telephone No: 7) 申請人電話號碼：	7A) Applicant Email: 7A) 申請人電子郵件：
8) Owner <b>Name and Title</b> (if different from applicant): 8) 業主 <b>姓名和職稱</b> （如果與申請人不同）：	
9) Owner Address (if different from applicant): 9) 業主地址（如果與申請人不同）：	
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 10) 設施擁有方： <input type="checkbox"/> 協會 <input type="checkbox"/> 公司 <input type="checkbox"/> 個人 <input type="checkbox"/> 合作企業 <input type="checkbox"/> 其他法人	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> <hr/> <hr/> <hr/> 11) 如果是公司或合作企業，填寫管理人員或合夥人的姓名、職稱和家庭地址： 姓名：                      職稱：                      地址： <hr/> <hr/> <hr/>

<b>12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</b>	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
12) 對日常運營直接負責的人 (業主、負責人、主管、經理等)	
姓名和職稱 :	
地址 :	
電話號碼 :	傳真 :
緊急情況電話號碼 :	
<b>13) District Or Regional Supervisor (if applicable)</b>	
Name & Title :	
Address:	
Telephone No:	Fax:
13) 地區或區域主管 (如適用)	
姓名和職稱 :	
地址 :	
電話號碼 :	傳真 :
<b>14) Source of Water:</b> Sewage Disposal:  Rendering Co. (For	<b>15) Rubbish Disposal Co. _____ Rendering Co. (For Grease)</b>
<b>14) 水源 :</b> 汙水處理 : 提供服務公司	<b>15) 垃圾處理公司 _____ 提供服務公司 (處理油脂)</b>
<b>16) Days and Hours of Operation:</b> 16) 運營天數和時間 :	<b>17) No. of Food Employees</b> 17) 食品僱員人數
<b>18) Name of Person In Charge Certified in Food Protection Management:</b> <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Allergen Certification: Yes: _____ No: _____</i> 18) 獲得食品保護管理認證的負責人姓名 : <i>依照《麻薩諸塞州法規》第105章第590.003(A)款的規定自2001年10月1日起要求。過敏原認證：是：_____ 否：_____</i>	
<b>19) Person Trained In Anti-Choking Procedures (if 25 seats or more):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 19) 接受過防窒息程序培訓的人 (如果有25個或以上座位) : <input type="checkbox"/> 是 <input type="checkbox"/> 否	

<p><b>20) Location:</b> (check one)</p> <p><input type="checkbox"/> Permanent Structure  <input type="checkbox"/> Mobile  Reg.#: _____</p> <p>Base of Operation: _____</p>	<p><b>21) Establishment Type (check all that apply)</b></p> <p><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"/> Food Service-Institution      <input type="checkbox"/> Mobile Food Walk-on  (      Meals/Day)</p> <p>(      Beds)      <input type="checkbox"/> Bakery</p> <p><input type="checkbox"/> Frozen Dessert Manufacturer</p> <p><b>Other (Describe):</b></p>	
<p><b>20) 地點：</b>（勾選一項）</p> <p><input type="checkbox"/> 永久性結構  <input type="checkbox"/> 移動性  規章號碼： _____</p> <p>運營基地： _____</p>	<p><b>21) 設施類型（勾選所有適用的項目）</b></p> <p><input type="checkbox"/> 零售（      平方英尺）      <input type="checkbox"/> 飲食承辦方  <input type="checkbox"/> 食品服務（      座位）      <input type="checkbox"/> 食品遞送  <input type="checkbox"/> 食品服務 — 外賣  <input type="checkbox"/> 食品服務 — 機構      <input type="checkbox"/> 流動食品攤販  <input type="checkbox"/> 麵包店  <input type="checkbox"/> 冷凍甜點生產商</p> <p><b>其他（請說明）：</b></p>	
<p><b>22) Length of Permit:</b> (check one)</p> <p><input type="checkbox"/> Annual  <input type="checkbox"/> Seasonal/Dates  <input type="checkbox"/> _____  Temporary/Dates/Time  Base of Operation: _____</p>	<p><b>22) 許可證時限：</b>（勾選一項）</p> <p><input type="checkbox"/> 年度  <input type="checkbox"/> 季節性/日期  <input type="checkbox"/> _____  臨時/日期/時間  運營基地： _____</p>	
<p><b>23) Food Operations:</b> (check all that apply):</p>	<p>Definitions: <i>PHF-potentially hazardous food (time/temperatures controls required) Non-PHF's-non-potentially hazardous food (no time/temperature controls required) RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing).</i></p>	
<p><input type="checkbox"/> Commercially Pre-Packaged Non-PHF's</p>	<p><input type="checkbox"/> PHF Cooked To Order  <input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service</p>	<p><input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service</p>
<p><input type="checkbox"/> Preparation of Non-PHF's</p>	<p><input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer</p>	<p><input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility</p>
<p><input type="checkbox"/> Commercially Pre-Packaged Non-PHF's</p>	<p><input type="checkbox"/> Customer Self-Service</p>	<p><input type="checkbox"/> Vacuum Packaging/Cook Chill</p>

<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Delivers Food Within 1 Hour of Variance and/or HAACP Plan Preparation	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<input type="checkbox"/> Other (Describe):  _____	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	
<b>23) 食品運營：</b> (勾選所有適用的項目)：	定義：PHF — 有潛在危險的食品（要求的時間/溫度控制）； Non-PHF's — 無潛在危險的食品（無要求的時間/溫度控制）； RTE — 即食食品（例如，無需進一步加工的三明治、沙拉、鬆餅）。	
<input type="checkbox"/> 商業預包裝無潛在危險的食品	<input type="checkbox"/> 按訂單烹飪的有潛在危險的食品  <input type="checkbox"/> 一次餐飲供應的有潛在危險的熱食或冷食烹飪	<input type="checkbox"/> 有潛在危險的熱熟食或保存時間超過一次餐飲供應的熱食
<input type="checkbox"/> 無潛在危險的食品烹飪	<input type="checkbox"/> 由消費者自行烹飪的生動物食品銷售	<input type="checkbox"/> 為高度易感人群設施烹飪的有潛在危險的食品和即食食品
<input type="checkbox"/> 商業預包裝無潛在危險的食品	<input type="checkbox"/> 消費者自助	<input type="checkbox"/> 真空包裝/預煮速凍
<input type="checkbox"/> 重新加熱商業加工食品，在4小時內供應	<input type="checkbox"/> 製造和包裝的零售用冰	<input type="checkbox"/> 使用要求變化方法和/或危害分析與關鍵控制點（HAACP）計劃的流程
<input type="checkbox"/> 僅限客戶自助無潛在危險的食品和不易腐壞的食品	<input type="checkbox"/> 製造和包裝的零售用果汁	<input type="checkbox"/> 供應動物來源生食或未煮熟的食品
<input type="checkbox"/> 使用變化方法和/或危害分析與關鍵控制點（HAACP）計劃烹飪、在一小時內供應的食品	<input type="checkbox"/> 大批供應的有潛在危險的即食食品	<input type="checkbox"/> 為伙食承辦活動或機構食品服務烹飪食品/單次餐飲
<input type="checkbox"/> 其他（請說明）：  _____	<input type="checkbox"/> 零售殘留、過期或重新烹飪的食品	
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: \_\_\_\_\_

本人，以下簽名者，證實本申請表中提供的資訊的準確性，我確認食品設施運營將符合《麻薩諸塞州法規》第105章第590.000款及所有其他適用法律的規定。衛生委員會已經指示我如何索取《麻薩諸塞州法規》第105章第590.000款和《1999年聯邦食品法典》副本。

24) 申請人簽名： \_\_\_\_\_

根據《麻薩諸塞州普通法》第62C章第49A節的規定，我確認，據我所知所信，我已經提交所有州所得稅表，並已支付法律要求的州稅，如有虛假甘願受作偽證之處罰。

25) 聯邦代碼： \_\_\_\_\_

26) 個人或公司簽名： \_\_\_\_\_

The Commonwealth of Massachusetts  
Department of Industrial Accidents Office of Investigations  
600 Washington Street  
Boston, MA 02111 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses  
工傷保險宣誓書：一般企業

**Applicant Information**

申請人資訊

**Please Print Legibly**

請用大寫字母清晰地填寫

Business/Organization Name: \_\_\_\_\_

企業/機構名稱：

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

地址：

City/State/Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

城市/州/郵遞區號：

電話號碼：

**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.]

您是僱主嗎？勾選適用的方框：

1.  我是僱主，有\_\_\_\_\_名僱員（全職和/或兼職）\*
2.  我是獨資經營者或合夥企業，沒有任何僱員以任何身份為我工作。[不要求工傷保險]
3.  我們是公司，我們的管理人員已經依照 c. 152, §1(4) 款行使豁免權，我們沒有僱員。[不要求工傷保險]\*\*
4.  我們是非營利組織，由義工擔任工作人員，沒有僱員。[不要求工傷保險]

**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 \_\_\_\_\_

企業類型（必須填寫）：

5.  零售
6.  餐館/酒吧/餐飲設施
7.  辦公室和/或銷售（包括房地產、汽車等）
8.  非營利
9.  娛樂
10.  製造
11.  醫療保健
12. 其他\_\_\_\_\_

\* 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.

\* 任何勾選方框 1 的申請人還必須填寫以下章節，顯示他們的工傷賠償保單資訊。

\*\* 如果公司管理人員自己行使豁免權，但公司有其他僱員，要求提供工傷賠償保單，此類機構應當勾選方框 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.

*我是向我的僱員提供工傷賠償的僱主。以下是保單資訊。*

保險公司名稱：\_\_\_\_\_

保險公司地址：\_\_\_\_\_

城市/州/郵遞區號：\_\_\_\_\_

保單號碼或自我保險許可號碼：\_\_\_\_\_ 失效日期：\_\_\_\_\_

隨附一份工傷補償保單聲明頁（顯示保單號碼和失效日期）。

不按照《麻薩諸塞州普通法》第25A節第c. 152款的要求獲得承保可能導致高達 \$1,500.00 和/或一年監禁的刑事處罰，以及停止工作令形式的民事處罰和每天高達 \$250 的違規者罰款。請注意，本聲明的副本可能會轉交給工業事故部（DIA）調查辦公室進行保險承保確認。

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

*我在此認證，以上提供的資訊準確無誤，如有虛假甘願受作偽證之處罰。*

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

簽名：\_\_\_\_\_ 日期：\_\_\_\_\_

Phone#: \_\_\_\_\_

電話號碼：\_\_\_\_\_

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

*僅供內部填寫。請勿填寫本欄，本欄將由市或城鎮政府官員填寫。*

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 #: \_\_\_\_\_

**ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A**

回答所有的問題，如果不適用，請填寫 N/A

**CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:**

圈選所有適合您的企業的項目：

CANTEEN TRUCK 餐車	MOBILE KITCHEN 流動廚房	PUSHCART 手推車	ICE CREAM TRUCK 冰淇淋售賣車	OTHER 其他
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**SELL: FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK**

銷售：冷凍甜點/優酪乳/冰淇淋/或牛奶

**MANUFACTURING: FROZEN DESSERT/YOGURT/ICE CREAM (SOFT SERVE)**

生產：冷凍甜點/優酪乳/冰淇淋（霜淇淋）

**NAME OF VEHICLE/PUSHCART** \_\_\_\_\_

車輛/手推車名稱

**BASE OF OPERATION** \_\_\_\_\_ ---

運營基地

**STREET CITY STATE &**

**ZIP**-----

街道、城市、州和郵遞區號-----

**VERIFICATION LETTER FROM LICENSED COMMISSARY OR ESTABLISHMENT**

持照物資供應所或設施出具的確認函

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

是 \_\_\_\_\_ 否 \_\_\_\_\_

**LOCATION IN THE CITY (BE SPECIFIC)**

**# STREET NAMES & SECTION OF THE CITY**

在市內的地點（具體地點）

街道號碼、街道名稱和城市區段

**DAYS AND TIMES**

日期和時間

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**HANDWASHING SINK ON MOBILE UNIT** Y/N

流動銷售點的洗手池 是/否

**TOILET FACILITIES ARE AVAILABLE AT** \_\_\_\_\_

在以下地點有衛生設施

**FOOD PRODUCTS TO BE SOLD SOURCE OF FOOD PRODUCTS**

出售食品的食品來源

**HOT FOOD ITEMS (Be Specific)**

熱食品（具體說明）

**COLD FOOD ITEMS (Be Specific)**

冷食品（具體說明）

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MECHANICAL REFRIGERATION Y/N**

機械製冷 是/否

**MAKE & YEAR OF VEHICLE** \_\_\_\_\_

車輛品牌和年份

**STATE OF REGISTRATION** \_\_\_\_\_

登記所在州

**REGISTRATION #** \_\_\_\_\_

登記號碼

**IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:**

如果您生產冷凍甜點/冰淇淋，請填寫以下欄目：

**WHERE IS THE MIX PURCHASED FROM/NAME OF COMPANY** \_\_\_\_\_

混合成分從哪裡購買/公司名稱

**IS THE MIX PASTEURIZED? YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **NUMBER OF REFRIGERATORS/FREEZERS** \_\_\_\_\_

混合成分是否經過巴氏消毒？是 否 冰箱/冷凍箱數目

**ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? Y/N**

您是否瞭解有關提交每月實驗室報告的規章？ 是/否