



# ***Town of Hull***

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## **BOARD OF HEALTH**

TEL: (781) 925-2224

FAX: (781) 925-2228

**253 ATLANTIC AVE**

HULL, MASSACHUSETTS 02045

## **MOBILE FOOD OPERATOR APPLICATION INSTRUCTIONS**

**COMPLETE MOBILE FOOD APPLICATION AND SUBMIT  
WITH THE FEE BY LAST BUSINESS DAY OF APRIL EACH YEAR.**

- CALL FOR AN INSPECTION APPOINTMENT BEFORE OPERATION IS TO BEGIN
  - 781-925-2224.

THE FOLLOWING DOCUMENTATION WILL BE REQUIRED **AT TIME OF  
VEHICLE INSPECTION:**

- YOUR PERMIT TO ENGAGE IN ICE CREAM TRUCK VENDING FROM YOUR MUNICIPALITY FOR THE CURRENT YEAR.
- IF NOT ICE CREAM VENDING THEN A STATE HAWKERS & PEDDLERS PERMIT IS REQUIRED.
- CURRENT DRIVERS LICENSE (If applicable)
- VEHICLE REGISTRATION FOR THE VEHICLE TO BE USED
- SIGNED COPY OF RULES & REGULATIONS
- **NO APPLICATIONS WILL BE ACCEPTED AFTER THE LAST BUSINESS  
DAY OF APRIL EACH YEAR.**