

**PLAN REVIEW WORKSHEET (MOBILE FOOD ONLY)**

**ESTABLISHMENT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

DAYS/HOURS OF OPERATION: \_\_\_\_\_

PROPOSED STOPS/LOCATIONS: \_\_\_\_\_

SPECIALIZED PROCESSES (HACCP PLAN REQUIRED):  YES  NO

**OWNER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

**REQUIRED DOCUMENTATION / SUBMISSIONS**

- PLAN REVIEW FEE OF \$150 (payable Town of Hudson)
- PROPOSED MENU
- BASE-OF-OPERATION INFORMATION (copy of permit, must be commercially licensed as a food establishment)
- EQUIPMENT SCHEDULE (with specification sheets, as available)
- MEANS OF WASTE DISPOSAL CONTRACT (size of dumpster, pick-up frequency, grease rendering contract)
- EMPLOYEE SICK POLICY
- WRITTEN PROCEDURES FOR FOOD PROCESSES (thawing, holding, cooking, cooling) (If requested by Board of Health)
- HACCP PLAN (If required)
- DOCUMENTATION/LICENSES (Food manager certification, allergy awareness, anti-choke if required)

BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INCLUDED PLAN IS DESIGNED AND SUBMITTED IN COMPLIANCE WITH 105 CMR 590.000, AS AMENDED, AND ANY OTHER RELEVANT STATE, FEDERAL AND LOCAL REGULATIONS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE SIGNED