TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL

Application for a Temporary Food Event (1-14 Days)

Applications must be received 14 days prior to the event

Permit Fee: $50 per event OR $25 per event for Licensed Ludlow Establishment only

Type of Establishment:

- ☐ **Food Service**
- ☐ **Mobile Food Truck**
- ☐ **Licensed Residential Kitchen**
- ☐ **Retail Food**
- ☐ **Church/Non-Profit**
- ☐ **Caterer**
- ☐ **Other:** _____

Name of Establishment: _____

Business Address: _____

Mailing (if different): _____

E-Mail: _____ **Phone Number:** _____

Owner's Name & Phone Number: _____

Event Name: _____ **Event Date(s):** _____

Location of Event: _____ **Hours of Operation:** _____

Required Documentation:

- ☐ Copy of Food Manager Certification
- ☐ Copy of Allergen Awareness Certification
- ☐ Full menu of all items offered
- ☐ Proof of establishment/commissary/leased kitchen (permit, license, or recent inspection report)
- ☐ Copy of your license from the town/city where the food is prepared
- ☐ Copy of the latest inspection report
- ☐ A sketch or photo of the floor plan for your mobile truck/trailer or booth

Revised: December 2025

****All Ice Cream Trucks must be registered with the Ludlow Police Department. Please contact 413-583-8305 for the application process.**

*****Any Food Truck that carries more than 42 lbs of propane, must have a current Propane Permit issued by Ludlow Fire Department. Please contact 413-583-8332 to apply for permit.**

****** Incomplete permits will not be reviewed; please ensure you have submitted all necessary documentation.**

An inspection may be conducted prior to permit issuance. Please contact the Health Department to schedule a pre-operational inspection.

Permit must be on-site at the day of the event.

Please contact the Health Department with any questions.

I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 590.000). I agree to allow the Health Department, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____

Signature: _____ Date: _____

For Official Use Only

Date:_____ Fee Paid: $_____ Check #:_____ Permit #:_____

Date of Review: _____ Reviewed by: _____