

Mobile Food Service Establishment License – Steps to Approval

In order for the Business Licensing department to issue your license for a Mobile Food Service Establishment, including Food Trucks, Food Trailers, and Pushcarts, we must receive approvals from the following departments:

- Health Inspections
- Fire Inspections
- Treasury
- Police Department

Your responsibilities include:

- Contact the Department of Health and Human Services at 287-5675 to obtain the correct State of Maine food license for your business.

- Contact the City of Portland Health Inspections department at 756-8365 to arrange for an inspection.

- Contact the City of Portland Fire Inspections department at 874-8400 to arrange for an inspection.

- Contact the Treasury department at 874-8490 to determine if you owe any outstanding taxes to the City of Portland. We cannot issue a license if there are delinquencies on the part of the business owner.

Once we have received approvals from the departments listed above, we will issue your license and contact you. Any balance of the license fee will be due before you receive the license.

If you have any questions about this process, please contact Jessica Hanscombe, Licensing and Registration Coordinator, at 874-8783 or jhanscombe@portlandmaine.gov.



CITY OF PORTLAND
Permitting and Inspections Department
Mobile Food Service Establishment License Application
License expires annually on March 31st

<input type="checkbox"/> Application Fee: \$45	<input type="checkbox"/> Pushcart or Ice Cream Truck License: \$322	<input type="checkbox"/> Night Vending (10 p.m. to 6 a.m.): \$218
<input type="checkbox"/> Health Inspection \$150.00	<input type="checkbox"/> Food Truck License: \$546	<input type="checkbox"/> 3.5 sq. ft. cooler storage (pushcarts): \$38/cooler Number of coolers (limit of 2 or 7 sq. ft.):

Business Information	
Business Name (d/b/a):	
Mailing Address:	
Contact Person:	
Phone:	Cell:
Email:	

Sole Proprietor/Partnership Information (If Corporation, leave blank)

Name of Owner(s)	Date of Birth	Residence Address

Corporate/LLC/Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)

Corporate Name		Corporate Mailing Address	
Principal Officers	Title	Date of Birth	Residence Address



CITY OF PORTLAND
Permitting and Inspections Department
About Your Mobile Food Service Unit

Type of Food Served:	
Cart/Truck Storage Address at Night:	
Will you vend on private property? Yes No	If yes, list the address(es) of the private property locations*:
Will you be night vending? (10pm to 6am): Yes No	
Does the Issuance of this license directly or indirectly benefit any City employee(s)? Y/N	
If yes, list name(s) of employee(s) and department(s):	

The following must be included with your application:

- ___ Two photos of the unit from different angles
- ___ Insurance form (ACORD) showing at least \$400,000 general liability coverage and City of Portland listed as Additional Insured
- ___ Vehicle registration for the pushcart or food truck

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We, hereby authorize the release of any criminal history record information to the City Clerk's Office or licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Signature _____ Title _____ Date _____

For more information about Mobile Food Service Establishments, see Portland City Code Chapter 11 and Pushcart or Food Truck Rules & Regulations at: www.portlandmaine.gov

For Administrative Use Only

Amount: _____		Email / Approval _____	Notes: _____
Date Paid: _____	FD: _____ / _____		
CC _____ CA _____ CK _____	Health: _____ / _____		
	PD: _____ / _____		
Amount: _____	Treasury: _____ / _____		
Date Paid: _____	DHHS: N/A / _____		
CC _____ CA _____ CK _____			