

## MOBILE FOOD UNIT PLAN REVIEW APPLICATION

**Provide an answer and requests to all items listed below. A preoperational inspection will be required for all units prior to issuing a mobile food license.**

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Applicant

Phone Number: \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Company Address: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle License Plate: \_\_\_\_\_ \*Base of

Operations Address: \_\_\_\_\_ \*Base of

Operations Phone Number: \_\_\_\_\_

\*Base of Operations-Location for secure parking of unit between uses. Safe storage of food and non-food items and any pre-event food prep (prep in the unit or a licensed food service establishment-FSE)

Food Service Classification: \_\_\_\_\_ (II-IV require Certified Food Protection Manager)

Hours of Operation per Operational Day:

| Day of the Week | Operating Times |
|-----------------|-----------------|
| Sunday          |                 |
| Monday          |                 |
| Tuesday         |                 |
| Wednesday       |                 |
| Thursday        |                 |
| Friday          |                 |
| Saturday        |                 |

Type of operation: \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Other: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Estimated Number of Meals Per Event: \_\_\_\_\_

**Applicant Shall Provide the Following:**

- Menu of All Food and Drink Items
- Copy of Current Certified Food Protection Manager Certificate for Class II-IV Facilities
- A Scaled and Labeled Floor Plan of the Mobile Unit
  - food storage and preparation areas
  - hand washing, dish washing, and produce washing sinks
  - chemical storage and garbage
  - customer service areas
  - surface types (floors, walls and ceilings), lighting, ventilation, and openings
- Specification Sheets of All Equipment (including food and refrigeration thermometers)
- Location of Water Supply (#17 below) and Waste Water Disposal (#18 below)
- Copy of the Current Food Service Establishment License if Food is Prepped Outside the Unit

1. Description of menu:

2. Sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:

3. Description of all food prep, cooking, cooling, hot and cold holding equipment (attached if needed):

4. Power Source for Cooking, Cold/Hot Holding, Reheating and Water Heating (check all that apply):

☐ Propane ☐ Electric ☐ Generator (Size \_\_\_\_\_ kW)

5. Will all foods be prepared at the site? Yes No (if No, fill out below)

Food will be prepared at \_\_\_\_\_ which is an approved food service and preparation facility permitted in the City/Town of \_\_\_\_\_.

A copy of that establishment's permit must be provided with this application.



6. Describe method used to maintain the proper temperatures of food during transportation:  
That need refrigeration (41°F or less):

That need to be kept hot (135°F or greater):

7. Where is the food being stored after operational hours:

8. How will the food be stored after operational hours?

9. How will food be cooked?

10. How do you plan on cooling down hot foods for refrigeration:

11. How do you plan on reheating food coming from refrigeration:

12. Describe the number, location and setup of hand-washing facilities to be used by staff:

13. Describe where and how (size of 3-bays) food contact washing and sanitizing will take place. If no facilities are available on vehicle, describe the location of back-up utensil storage and/or offsite cleaning.

14. Type of EPA approved sanitizer for ware washing and food contact surface sanitizing:  
\_\_\_\_\_Chlorine      \_\_\_\_\_Quaternary Ammonia (Quat)      \_\_\_\_\_Other: \_\_\_\_\_



15. Type of sanitizing testing equipment (test strips) to be used: \_\_\_\_\_

16. Describe the floors, walls and ceiling surfaces, lighting, and entrances (screening/doors/air curtains)

17. Water Supply and Holding:

☐ Public Water ☐ Private Well (water test provided)

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

Size of Holding Tank (Gallons): \_\_\_\_\_ Holding Tank Material: \_\_\_\_\_

How is the tank cleaned and sanitized? \_\_\_\_\_

**All hoses and equipment for filling the tank shall be food grade and provide backflow protection**

18. Wastewater Holding and Disposal

Size of Holding Tank (Gallons, at least 15% larger than freshwater tank): \_\_\_\_\_ Tank Material: \_\_\_\_\_

Wastewater Disposal Location ☐ Sewage Treatment Plant ☐ Approved Pump Out Location

Name of Above (not private septic system): \_\_\_\_\_

Address of Above (not private septic system): \_\_\_\_\_

19. How do you plan on disposing the garbage:

20. Any additional items you would like to add or address:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Uncas Health District may nullify final approval. I agree that if my itinerant food vending establishment participates in the reciprocity agreement among local health departments/districts that allow itinerant food vendors to operate in other local health jurisdictions other than where permit is issued that I will notify the local health department/district where I plan to operate at least 48 hours prior to operating there.

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



For office use only:

Menu Provided? Yes No      Plan/Equipment Acceptable? Yes No      CFPM Provided? Yes No N/A Water  
and Wastewater Acceptable: Yes No      Other FSE License: Yes No N/A      Fee Paid: Yes No

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Pre-Operational Inspection & Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

