



# MOBILE FOOD SERVICE OPERATION PLANNING APPLICATION

Name of the mobile food service op	eration:	
Address, City, Zip Code of the locar	tion where the mobile food servic	e operation will be housed:
Name:		
Address:	City:	Zip:
Contact Phone Number(s):		
Check (□) the box that applies to t	he type of mobile food operation	license you are applying for:
□Concession Trailer/Truck	□Frozen Food Truck/Cart	□Mobile Cooker/BBQ Pit
□Pushcart	□Catering Type Truck	
□Knockdown Concession	□Soft Serve Ice Cream Truc	k
	MENU	
<u> </u>	in your mobile food service operate may be made in your home.	tion or by a commercially licensed
A complete menu for your in	mobile food service operation mus	st be provided.
and <b>must be posted or read</b> copy of the back of the licer	ily available in your mobile at al use for submission each year. Is to your menu must be approved	on will be printed on the back of your license l times. We recommend that you keep a d by this department and added to the back
• Complete the <u>MENU REV</u>	IEW SHEET on page 4 of this page	cket.
Provide a list of your food	suppliers. Attach additional pag	es if needed.
1.	2.	3.
4.	5.	6.



# FOOD PREPARATION REVIEW AND GENERAL INFORMATION

1.	How will produce be prepared?
{} {}	No produce will be used or served.  All produce will come into the mobile pre-washed and pre-cut.
{}	(Supply invoices on request) All produce will be prepared in a separate food preparation sink.
2.	What is your method of thawing frozen foods?
<pre>{} {} {} {} {} </pre>	No thawing required for any menu items. Thawing will take place under refrigeration. Thawing will be done under cool running water. Thawing will be done in the microwave followed by immediate transfer to conventional cooking equipment.
3.	Cold holding for time/temperature controlled for safety foods must be maintained at $41^{0}\mathrm{F}$ or below.
4.	Hot holding for time/temperature controlled for safety foods must be maintained at $135^{\circ}\mathrm{F}$ or above.
5.	How will employees avoid bare-hand contact with ready-to-eat foods?
<pre>{} {} {} {} {}</pre>	Disposable gloves Deli tissue Dispensing utensil with a handle Other
6.	A three compartment sink with drain boards must be provided for washing, rinsing, and sanitizing of equipment and utensils. The sink size must be large enough to accommodate immersion of the largest piece of equipment.
7.	A chemical sanitizer must be provided for bactericidal treatment of all food contact surfaces, equipment, and utensils.
8.	Check the appropriate box for the type of sanitizer that will be supplied. Provide the appropriate test kit to accurately measure the concentration of sanitizing solution.
<pre>{} {} {} {}</pre>	Chlorine Quaternary ammonium Iodine



- 9. At least 50 foot candles of light must be available inside the mobile unit. Lights must be shielded with light tubes and end caps or with shatter proof bulbs inside the mobile unit. Advertising lights on the outside are not required to be shielded.
- 10. Screens for door and windows are recommended.


#### MOBILE FOOD SERVICE FINISH MATERIALS

- Note that all surfaces must be smooth and easily cleanable.
- List the materials that will be used to provide a smooth, cleanable surface.
- Coving must be used to seal the wall-floor joint.
- All installed equipment and counters must be sealed to walls and floors.

FLOOR	WALL	CEILING	COUNTERS	CABINETS

Each application must include a drawing to scale of the full operation. Please attach drawings or architectual plans to application.



### MENU REVIEW SHEET

Please provide the following information for all items to be sold in the mobile food service operation. Remember, all food must be prepared in the mobile food service operation, or by a commercially licensed facility. No food may be prepared in your home.

	HOW FOOD WILL BE PREPARED Check (√) the box that shows how each item will be made				
Food Item	Homemade/ Scratch Cooking	Prepackage/No Refrigeration required	Premade/Frozen	Premade/ Refrigerated	
Example: Prepackaged Chips/Pretzels					
Example: Potato Salad				V	



### **EQUIPMENT LIST**

Please provide the following information for all equipment you will provide in your mobile food service operation. All equipment must be approved by the Health Department before it can be used. If you need more space, please use the back of this sheet or additional paper. Information or specification sheets on equipment may also be provided for review.

MANUFACTURER	MODEL	DESCRIPTION	NEW	USED	OFFICE USE:
	NUMBER				APP/DISAPP
Example: ABC Manufacturing	A-126-GT	Convection oven	X		