



28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

Application for Plan Review for a Mobile Food License

Please note: Huron County Public Health has *30 days* to review the application and plans for a mobile food license, therefore it is imperative that the application is completed, with all questions answered, and submitted with the plans, proposed menu, equipment specifications, and any other requested specifications. The application will not be reviewed until all required documents are submitted.

Name of Establishment: _____

Address _____

Name of Owner _____

Mailing Address _____

Telephone _____ Fax/Email _____

Cell Phone _____

Size of Mobile _____ Total Square Feet of Facility: _____

Projected Start Date for Unit _____ Projected Completion Date _____

PLEASE COMPLETE/SUBMIT THE FOLLOWING DOCUMENTS:

_____ Application: Plan Review for Mobile Food License

_____ Proposed Menu (including all items; foods, sauces, drinks, etc.).
❖ Attach in packet (see page 6)

_____ Equipment Specification List
❖ Attach in packet (see page 7)

_____ Design Drawing Layout of Mobile Unit
❖ Attach in packet (see page 8)



An equal opportunity provider of employment and services.



CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

- 1.) Provide plans that are a minimum 8.5 x 11. Include the layout of the floor plan accurately drawn to scale; you may use the enclosed grid. Include the following in the drawing;
 - a. Entrances, exits, windows, loading/unloading areas.
 - b. Finishes on the floors, walls and ceilings.
 - c. Plumbing layout including location of tanks, water valves, floor drains, floor sinks, hand washing sinks, 3 compartment sinks and backflow prevention.
 - d. The placement of the backflow device (A mobile unit needs to have an ASSE 1012 or 1024 backflow on the water line).
 - e. Location of all lighting fixtures
 - f. Sewage disposal unit(s) that meet the requirements of the Health Department
 - g. Location and specifications of all ventilation systems
 - h. Location of fire extinguisher

- 2.) The following labels indicate the equipment is certified commercial grade and approved for use in a licensed food facility. If the equipment does not have any of these exact labels it may not be approved. Look at the labels on your equipment, you may send us a copy of the logo or spec sheet prior to purchase for our staff to review.



FOOD PREPARATION REVIEW

COLD STORAGE:

1. Are commercial grade refrigerators and freezers available? Yes No N/A
2. Does the mobile have adequate storage space? Yes No N/A
3. Can they keep frozen foods frozen at 0°F or below and refrigerated foods at 41°F or below? Yes No
4. What will you store in the refrigerator? _____

5. How will you keep your food cold during transportation? _____

6. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Yes No N/A
If yes, how will cross-contamination be prevented? _____

7. How will you store you foods in the refrigerator?

HAIR RESTRAINTS:

1. What will you be using for hair restraints? _____

HOT HOLDING:

1. What equipment will be used to maintain hot food at 135°F or above during holding for service? Indicate type and number of hot holding units and how they will be used.

PREPARATION:

1. Please list foods prepared more than 12 hours in advance of service.

2. Please indicate which items will be used to prevent the handling of ready-to-eat foods?
 Disposable Gloves Tongs Food Grade Paper Other: _____

3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration Required: _____

Test Kit Available? Yes No

4. How will you store your "in use" towels?

5. How will frozen food be thawed?

6. Will all produce be washed on-site prior to use? Yes No N/A
If yes, where will you wash it & what process will you use?

7. Describe procedure for cleaning and sanitizing multiple use sinks between uses.

WATER SUPPLY

1. Is water supply public or private? _____

2. If private, has water source been approved by the EPA? Yes No N/A

***Please attach copy of written approval and/or permit

3. Do you have a potable water hose? Yes No N/A

4. Do you have an ASSE 1011? Yes No N/A

5. Is there a backflow (ASSE 1012 or 1024) installed on the water line? Yes No N/A

6. Is ice made on premise or purchased commercially?

7. Describe provisions for ice scoop storage:

DISHWASHING FACILITIES

1. Describe how the three compartment sink will be set up to clean dishes.

2. Does the largest pot and pan fit into each compartment of the pot sink? Yes No N/A
 If no, what is the procedure for manual cleaning and sanitizing?

3. Are their drain boards on both ends of the pot sink? Yes No N/A
4. What type of sanitizer is used?
 Chlorine Quat Ammonia Iodine Hot water Other _____
5. What is the required level of concentration for your sanitizer? _____
6. Do you have test strips? Yes No

HANDWASHING FACILITIES

1. Is there a handwashing sink available? Yes No N/A
2. Do you have a hand washing sign posted? Yes No N/A
3. Is hand soap available at all handwashing sinks? Yes No N/A
4. Are hand drying facilities available at all handwashing sinks? Yes No N/A
5. Is hot and cold water under pressure available at each handwashing sink? Yes No N/A

SEWAGE DISPOSAL

1. Is the mobile connected to a municipal sewer? Yes No N/A
2. If no, is private disposal system approved? Yes No N/A

Please describe how waste will be stored and disposed of

LETTERING

1. Do you have your Name, Address, City, State, Zip, Phone posted on unit? Yes No
2. Are letters at least 3 inches high? Yes No

FIRE SUPRESION

1. Do you have a fully charged fire extinguisher? Yes No

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance with the Ohio Uniform Food Code.

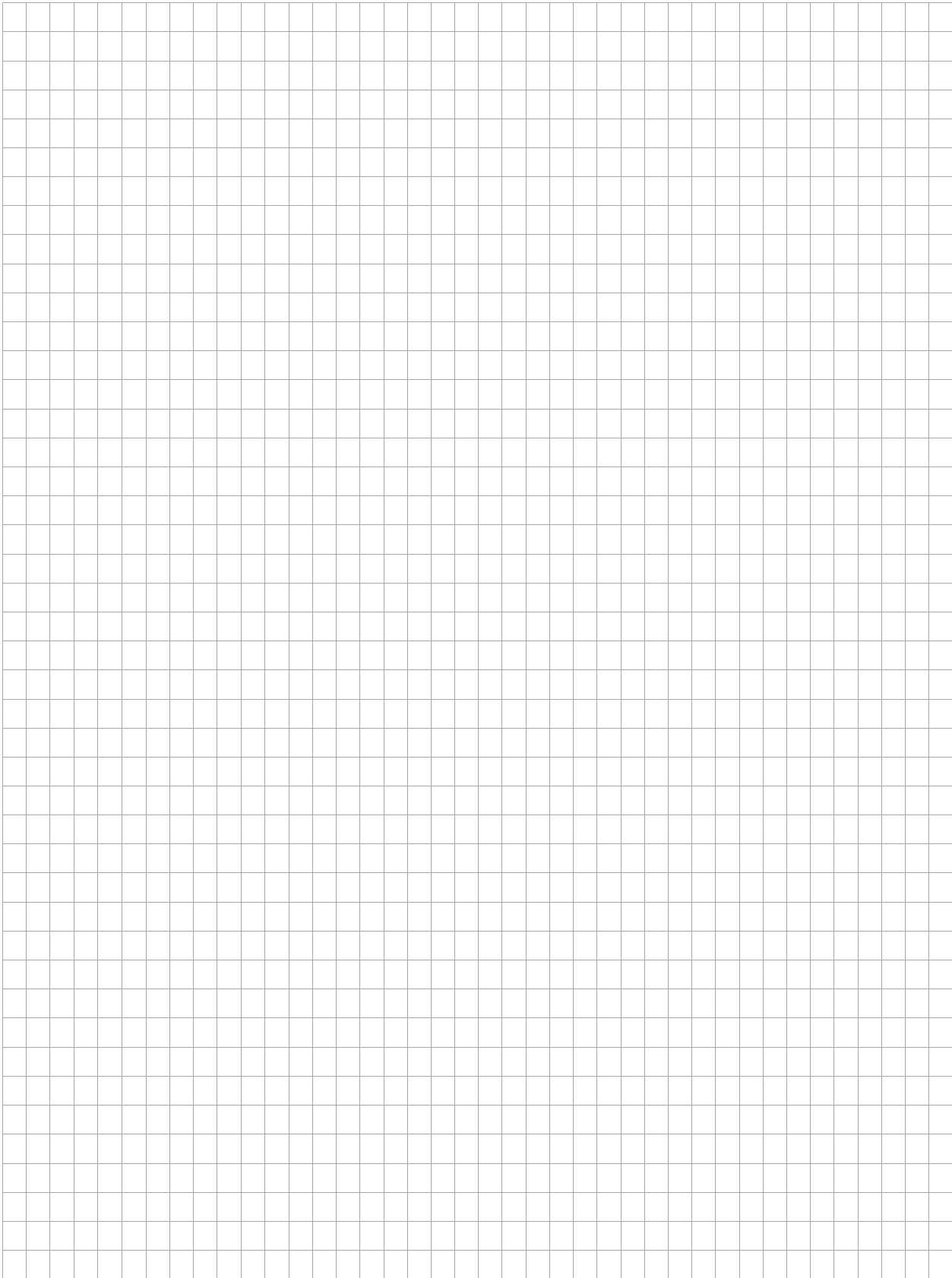
 Signature of Owner

 Printed name of Owner

 Signature of Applicant (if different from above)

 Printed name of Applicant

Mobile Unit Layout Drawing:



SCALE 1 SQUARE = _____