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## 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)



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## 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 the 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 premises 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.

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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?

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3. Are there 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

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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)

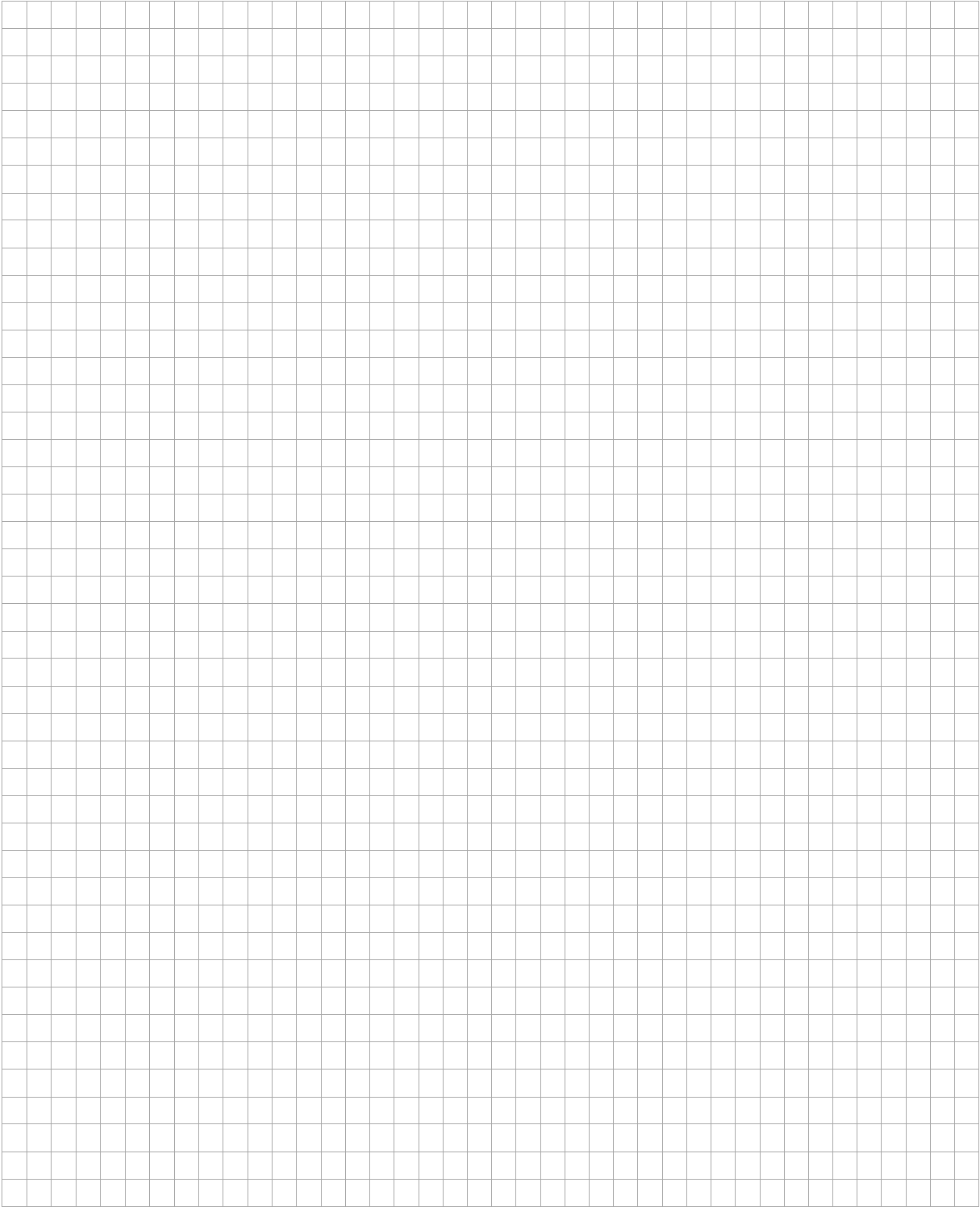
\_\_\_\_\_  
Printed name of Applicant







Mobile Unit Layout Drawing:



SCALE 1 SQUARE = \_\_\_\_\_