MOBILE FOOD SERVICE AREA APPROVAL

(PLEASE PRINT)

ESTABLISHMENT____________________________________ DATE_______________________________

Address

STREET ____________________________________________________________________________

CITY ______________________________________________________________________________

STATE _____________________________________________________________________________

ZIP ________________________________________________________________________________

Owner Name________________________________________  Phone __________________________

The MOBILE FOOD SERVICE UNIT listed ABOVE has permission to use my facilities:

SERVICE LOCATION NAME ______________________________________________________________

ADDRESS __________________________________________________________________________

The following services may be performed at my service area by the above MOBILE FOOD UNIT:

(Please check all that apply)

___ Have access to facility at all times

___ Have limited access to facility. If yes, access hours are:

___ Have access to inside preparation facilities

___ Store unit

___ Wash out unit

___ Wash, rinse, sanitize all food contact surfaces

___ Fill with fresh water

___ Dispose of wastewater

___ Store excess product

___ Store product requiring refrigeration

___ Employee access to restrooms

SERVICE AREA OWNER __________________________________ DATE _________________________

MOBILE FOOD OWNER __________________________________ DATE _________________________

Explanation:

This form provides information for the ADH as to where, at a minimum, a mobile unit will dump gray water. This form is to be submitted with plans for Mobile Food Trucks and Trailers at the time of Plan Review.

Example sites: RV Park, Campground, Travel/Truck Stop, Restaurant, Septic (approval required), or City Sewer.

* NOTE: It is the business owner’s responsibility to find a service location and to check with the local jurisdiction for dumping permissions.

(Pushcarts See Reverse)
PUSHCART SERVICE AREA/COMMISSARY APPROVAL

(PLEASE PRINT)

Pushcart Name __________________________ Date __________________________

Address

__________________________________________________________________________ ________________

STREET                                                   CITY                                                   STATE                                  ZIP

Owner Name________________________________________  Phone ______________________________

The MOBILE FOOD PUSHCART listed ABOVE has permission to use my facilities:

Licensed Commissary Name ________________________________ ADH Permit _____________________

Address __________________________

The following services may be performed at my service area by the above PUSHCART UNIT:

(please check all that apply)

___ Have access to facility at all times
___ Have limited access to facility. If yes, access hours are:
___ Have access to inside preparation facilities
___ Store unit
___ Wash out unit
___ Wash, rinse, sanitize all food contact surfaces
___ Fill with fresh water
___ Dispose of wastewater
___ Store excess product
___ Store product requiring refrigeration
___ Employee access to restrooms

SERVICE AREA OWNER  ____________________________________ DATE _____________________________________

PUSHCART OWNER  _______________________________________ DATE ______________________________________

Explanation:
This form provides information for the ADH as to where mobile food pushcart will operate from and return to for cleaning, restocking, filling potable water, and dumping gray water. This form is to be submitted with plans for Pushcart at the time of Plan Review.

* NOTE: It is the business owner’s responsibility to find a service location and to check with the local jurisdiction for pushcart/business permissions.