



Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

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 Chatham 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: