



Public Health
Prevent. Promote. Protect.

Henry & Stark County Health Department

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APPLICATION FOR MOBILE FOOD ESTABLISHMENT PLAN REVIEW

Henry County

Stark County

I. GENERAL INFORMATION

A. New Construction Remodel of Existing Mobile Food Establishment Conversion

B. **TYPE:** Self Contained (must have servicing area) Not Self Contained (must have commissary)

C. **BUSINESS NAME:** _____

Mobile Unit License Plate # _____ VIN# _____

Servicing Area Address: _____ City: _____

Commissary/Central Kitchen Address: _____ City: _____

Home Base of Operation Address: _____ City: _____

D. **PERMIT HOLDERS NAME:** _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

FAX: _____ Email: _____

E. **LICENSED PLUMBER:** _____ Phone: _____

Address: _____ City: _____ Zip: _____

NOTE: All plumbing must be installed in accordance with the current Illinois State Plumbing Code.

F. OPERATIONS:

1. Hours of operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

2. Months of operation _____

3. Projected food operation location _____

4. Unit storage location when not in operation _____

5. Maximum number of staff during service: _____

6. Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____

7. Projected date for start of project: _____ and projected opening date: _____

G. I have submitted plans/applications to the applicable authorities on the dates below:

Fire _____ Plumbing _____ City _____ Other _____

H. Please check that the below required documents are enclosed:

_____ Full proposed menu.

_____ Completed Risk Assessment form and applicable Plan Review Fee.

_____ Plan that is drawn to scale of the mobile food establishment showing location of *all cooking equipment, food storage and preparation areas, plumbing, electrical services and mechanical ventilation. Photos may be acceptable for small pushcarts.*

_____ Equipment schedule to include make/model number, manufacturer specification.

II. STRUCTURAL INFORMATION

A. FINISH SCHEDULE

Please indicate which materials (tile, vinyl, stainless steel, 4" plastic coved molding, etc) will be used in the following areas to ensure that *all surfaces are smooth, easily cleanable and non-porous*:

LOCATION	MATERIAL
Counter tops	
Cabinets/Shelving/Storage	
Floor	
Ceiling	
Walls	
Other...	

B. INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing and rodent proof? Yes No
2. Will all open windows have a minimum #16 mesh screening? Yes No
3. Will air curtains be used? Yes No Where? _____

C. GARBAGE AND REFUSE

1. Will all garbage storage containers have lids? Yes No
2. Where will collected garbage and refuse be discarded? _____
3. How will grease be collected and discarded?

D. SOURCES OF FUEL/ENERGY (i.e. generator, propane, etc.) _____

E. POTABLE WATER

1. Water supply is: Public Private
2. If private, has source been approved? Yes No Pending

Plans will not be reviewed without attached water sample results.

3. Potable water storage tank size in gallons _____ Material _____
4. Will ice be made on premises or purchased commercially ?

If made on premises, provide specifications for the ice machine.

5. Capacity of the hot water generator: _____
6. Is there a water treatment device? Yes No Describe: _____
7. Will the food grade potable water hose that is used for filling the water tank be identified so that it is not used for other purposes? What material is it made of?

8. Describe the disinfecting process of the water supply hose, pipes and storage tanks on the mobile unit:

9. How is the water tank inlet and outlet fitting protected? _____

F. WASTEWATER

1. Waste water holding tank size in gallons _____ (must be 15% larger than water storage tank)
2. Describe the process for transporting and discarding wastewater, including location:

3. Is all plumbing sloped to drain? Yes No
4. How and where will grease be discarded? _____

G. WAREWASHING FACILITIES

1. How will utensils be washed/rinsed/sanitized?
Dishwasher Three compartment sink
2. If using a dishwasher, what type of sanitation is used?
Hot Water (what temperature?) _____ Chemical type _____
3. Will all dish machines have accurate temperature/pressure gauges? Yes No
4. Are sanitizing test strips available for chemical sanitizing? Yes No
5. Will the largest pot & pan fit into each compartment of the pot sink? Yes No
If not, what is the procedure for cleaning and sanitizing those large items?

6. Are there drain boards on both ends of the pot sink? Yes No

H. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink easily accessible for food employees in all food preparation, dispensing and warewashing areas? Yes No
2. Do all handwashing sinks have a mixing valve or combination faucet? Yes No
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No NA
4. Are hand cleansers, hand drying facilities and a handwashing signs available at all handwashing sinks? Yes No
5. Is hot and cold running water under pressure available at each hand sink? Yes No

I. LIGHTING

1. Are your food preparation, food storage and utensil washing areas lighted according to specifications. Yes No
2. Are all of your light fixtures over food preparation, display, service, storage and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses or shatterproof bulbs? Yes No

III. FOOD PREPARATION INFORMATION

A. FOOD SUPPLIES

1. Provide information on food suppliers including locally obtained items. Where is your food coming from and how are you receiving it (delivery, pick-up, etc.)?

2. What are the projected frequencies of deliveries for:

Refrigerated foods _____ Frozen foods _____ Dry goods _____

3. How will raw meats and eggs be stored to prevent cross-contamination of ready to eat foods?

4. How will dry goods be stored off the floor? _____

B. PREPARATION

1. Type of preparation: TCS Food Menu with food preparation on unit
 TCS Food Menu with only prepackaged food
 Non-TCS Food Menu

2. If foods are prepared more than 12 hours prior to service, where are they prepared and stored?

Describe (Also see page 6): _____

3. Describe the date marking procedure: _____

4. Where and how will produce be washed prior to use? Describe: _____

5. Will foods be thawed prior to cooking? Where and how? _____

C. COOKING

1. List types of cooking equipment (i.e. griddle, microwave, fryer, etc.)

2. Will any foods be prepared or served outside of the unit? (grilling, self-serve condiments, etc.) Describe how these foods will be cooked, prepared, handled and stored during this process:

3. How will foods be protected from contamination during operation? (i.e. sneeze guards, lids, etc.)

D. HOT/COLD HOLDING

How will hot TCS foods be maintained at 135°F or above or cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number and type of hot and cold holding units.

IV. ADDITIONAL REQUIREMENTS

A. COMMISSARY/CENTRAL KITCHEN

NOTE: A Commissary/Central Kitchen shall be defined as a central, fixed non-mobile food establishment that meets the requirements of the Food Code and provides the necessary support for the mobile food establishment to operate in a safe and sanitary manner. It includes, but is not limited to, storage and preparation of food, storage and preparation of food, storage of single use items, utensils and cleaning supplies. The commissary may also serve as the servicing area.

1. Is the mobile food establishment self contained? Yes No

If yes, please skip down to the Servicing Area section below.

2. Will food handling and preparation be taking place at the commissary? Describe: _____

3. What non-food items will be stored at the commissary? _____

4. Will refrigeration be available at the commissary? Yes No

5. Will non-TCS foods be stored at the commissary? Yes No

6. Will warewashing facilities be available at the commissary? Yes No

7. What other activities will take place at the commissary? Describe: _____

8. Will the commissary also be used as the servicing area? Yes No

B. SERVICING AREA

NOTE: A Servicing Area shall be defined as a facility/location approved by the Health Authority to which the mobile food establishment or transportation vehicle returns regularly for such things as cleaning, disposing of liquid and solid wastes and refilling of water tanks. If food is to be stored, the facility shall be designated as a commissary and not a servicing area

1. Will the servicing area be within a location owned by someone other than the mobile food establishment permit holder? Yes No

If yes, please skip to the Servicing Area Agreement section on the page 7.

2. The servicing area will be utilized by the owner/operator on a Daily Basis Weekly Basis

Other: _____

3. The servicing area will be utilized for the following services:

Approved Potable Water Source

Waste Water Disposal

Cleaning Area for Mobile Unit

Overnight Storage of Mobile Unit

NOTE: Submission of additional plan review information for the commissary and/or servicing area may be required.

I hereby certify that the information within this packet is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s): _____
Owner or responsible representative(s)

Title: _____ Date _____

NOTE: Approval of these plans and specifications by this Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-operational final inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

COMMISSARY/SERVICING AREA AGREEMENT

TYPE OF MOBILE FOOD ESTABLISHMENT:

Self Contained Not Self Contained

MOBILE FOOD ESTABLISHMENT NAME: _____

OWNER(S) NAME: _____ PHONE NO: _____

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a

Daily Basis Weekly Basis

Other: _____

Food received, stored, handled, prepared (applies to commissary only)

Approved Potable Water Source

Waste Water Disposal

Cleaning Area for Mobile Unit

Overnight Storage of Mobile Unit

***NOTE:** Submission of additional plan review information for the commissary and/or servicing area may be required.

COMMISSARY/SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____ CITY/STATE _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

If the servicing area has obtained a food establishment permit issued by a regulatory, please include that information and attach a copy of the permit/license.

With my signature below, I am aware of and agree to the following:

- **The above listed Mobile Food Establishment Operator will use my establishment located at the above address for the above mentioned service and at the specified frequency.**
- **Any violations incurred by the Mobile Food Establishment within the service area may directly affect the food establishment permit issued to the above reference servicing area (if applicable).**
- **The regulatory authority will perform routine inspections in the presence of the Mobile Food Establishment Operator.**

SIGNATURE: _____ DATE: _____

TITLE: _____