



NEW MOBILE APPLICATION

Ohio Law requires that every food operator be licensed prior to operating.

The mobile application process is free of charge and is intended to gather information needed prior to a pre-operational inspection. Filling this application out in its entirety will help the mobile inspector answer any questions you may have or to find any issues that need addressed before licensed. Prior to operating, a fee will be collected for your license. You may not operate without a license, if operating before license is issued a late fee will be added and legal action may be taken.

Submit your completed MOBILE application packet, including all items listed on page 2 (below) to:

Summit County Public Health
1867 West Market Street
Akron, Ohio 44313
Attn: Food Safety

Please note: your review will not commence until all required materials have been submitted.

The license or permit will not be issued until all application requirements are completed and a pre-operational inspection shows that you are in compliance with the Ohio Uniform Food Safety Code.

The initial pre-operational inspection will be scheduled, with you, by the mobile sanitarian. If necessary, any additional pre-operational inspections will have to be scheduled by you with the mobile sanitarian.

When scheduling these inspections please allow time for the mobile sanitarian to accommodate your request.

Please read: Mobile Food Operation Packet for an overview of a mobile operation which will give examples of mobile types and list of requirement's

Items required to be submitted with Mobile application:

- A floor plan showing the general layout of fixtures (sinks) and other equipment. This plan shall be neat, legible and reasonably to scale.
- An equipment list with equipment manufacturer's name and model numbers.
- A Menu or list of foods to be sold.
- Registration/license's from Ohio Department of Agriculture if applicable.
- Commissary agreement form if applicable.

Only commercial food equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1 (kk) of the administrative code.

The Summit County Public Health Department may place restrictions or conditions on a license limiting amount of time the mobile can operate based on equipment, limiting the type of foods that can be prepared or sold, require a certain number of utensils for operation, etc. Limitations shall be posted on the back of the license.

MOBILE APPLICATION

OPERATION NAME:		
STORAGE LOCATION ADDRESS:		
CITY:	STATE:	ZIP:
CITY/VILLAGE/TOWNSHIP:		

NAME OF OPERATOR/OWNER/COMPANY:		
CONTACT PERSON :		
MAILING ADDRESS FOR LICENSE RENEWAL:		
CITY:	STATE :	ZIP:
PHONE NUMBER:	EMAIL:	

INFORMATION FOR STORAGE OR PREPARATION sites (if applicable)		
NAME:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP
License plate # for truck/trailer:		

TYPE OF MOBILE (please circle which applies):

- Concession Trailer/Truck • Pushcart • Knockdown Concession • Frozen Food Truck/Cart • Catering-Type Trucks
 • Mobile Cookers & BBQ Pits

Do you hold any other License(s)/Registration(s)? Please list the permit/registration number and provide a copy of the license/registration.

Food Service Operation:
 Home Bakery:
 Frozen Storage:
 Cold Storage:
 Processors:

Will you be storing, preparing foods or washing utensils in another location besides the mobile unit? Please list the reason why below and location (ex. Storage of frozen foods, preparing food in licensed kitchen then selling on mobile due to mobile capabilities)

*A commissary agreement form may be required. This can be found on our website or talk to your mobile inspector

Please contact your local fire department for exhaust/hood and fire suppression system questions, requirements and inspections.

Please answer ALL the questions in the FIRST column and then return this form with plans and other required materials.	Sanitarian sign off
FOOD PROTECTION AND STORAGE:	
Will each refrigerator or freezer have a thermometer? Yes () No () NA ()	
Will each warming cabinet have a thermometer? Yes () No () NA ()	
Will food shields be used to protect foods on display? Yes () No () NA ()	
Will metal stem type thermometers with a range of (0- 220°F) be available to the staff? Yes () No () NA ()	
Will containers of food be stored at least 6 inches above the floor on NSF or like approved storage/dunnage racks? Yes () No ()	
EQUIPMENT/UTENSILS:	
<p>Will all equipment and utensils be listed by a recognized equipment-testing agency (such as NSF) for commercial use? Yes () No ()</p> <p>If no list why:</p> <p>A complete equipment list with the manufacturer's name and model number is required to be provided.</p>	
To provide for easy cleaning; will equipment be installed with casters (), gas quick disconnects (), a seal at the wall and floor (), or sufficient open space? NA ()	
If produce is washed or frozen foods are thawed in a sink will the required dedicated food prep sink with indirect drain be provided? Yes () No () NA ()	
If utensils used with moist food such as ice cream, mashed potatoes or steamed rice are not stored in the product, will the required dipper well be provided? Yes () No () NA ()	
MANUAL WAREWASHING:	
Will there be enough space so utensils and dishes can air dry? Yes () No () NA ()	
<p>Will the dimensions of the largest pot or bowl allow it to be completely submerged in the compartments of your sinks? Yes () No () NA ()</p> <p>Or will dish washing take place at an alternative licensed facility? Yes () No ()</p> <p>*Ensure location is listed above</p>	
Will the hot water temperature delivered to the sink be 120°-140° F? Yes () No () NA ()	
What type of sanitizer will be utilized? Chlorine () quaternary ammonia () other () NA ()	
Will test papers be available to check the sanitizer concentration? Yes () No () NA ()	
PLUMBING:	
<p>Will the potable water supply be protected from cross-contamination? By means of an ASSE backflow? (This is for direct connections or water hoses used to fill fresh water tanks) Yes () No () NA ()</p> <p>List the ASSE backflow:</p>	
Will your mobile be in compliance with the requirement that any sinks used for food preparation or utensil washing may <u>not</u> be provided with hand washing aids and devices? Yes () No () NA ()	
WATER SUPPLY AND SEWAGE DISPOSAL:	
<p>Will your water be provided by a public authority () a private well () NA ()</p> <p>If a private well, attach a copy of a recent water test</p>	

<p>Is water provided by direct connection? Yes () No ()</p> <p>Or do you have holding tanks? Yes () No ()</p> <p>List the size:</p> <p>Fresh water: _____</p> <p>Gray water: _____ (must be 15% larger than the fresh water)</p> <p>Is a food grade hose available? Yes () No () *Must provide proof</p>	
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HANDWASHING FACILITIES:

<p>Is there a dedicated hand sink available and accessible at all times and within 20 feet of food preparation? Yes () No () NA ()</p> <p>Will all hand sink be equipped with the required:</p> <p>Hand drying facilities? Yes () No ()</p> <p>Waste receptacles? Yes () No ()</p> <p>Mixing hot/cold faucet? Yes () No ()</p> <p>Water under pressure, with min. temperature of 100° F? Yes () No ()</p> <p>Sign or poster that notifies food employees to wash their hands? Yes () No ()</p>	
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REFUSE STORAGE AND DISPOSAL:

<p>Where will waste water be disposed of: (Name and Address of location)</p> <p>_____</p> <p>_____</p>	
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<p>Will grease and fat be stored in a covered, tight container while waiting for recycling? Yes () No () NA ()</p> <p>If working with grease and fat, where will it be disposed of: (Name and Address of location)</p>	
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ROOM FINISHES:

<p>All room surface finishes on floors, walls and ceilings in areas where sinks, dish washing, areas subject food splash/vapors, food /wet bars, drink dispensing areas, steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to water. FRP, tile, stainless steel or other similar materials (with prior approval by the health department), is needed. These finishes must start at the top of the cove base and extend past any of the above referenced areas a minimum of 18 inches in all directions. Will your facility be in compliance? Yes () No () NA ()</p>	
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For knock down mobiles and carts will food and equipment be protected by a means of a covering? (Tent, Umbrella) Yes () No () NA () Describe:	
If you have a knock down mobile, will you have flooring available to be put down at events that is smooth, easily cleanable and to prevent contamination? Yes () No () NA () Describe flooring:	
LIGHTING:	
Will at least 50 foot-candles of light be provided : Yes () No () NA () Will lighting be available during periods when you are set up at night: Yes () No ()	
VENTILATION:	
Will a commercial exhaust hood be provided to service cooking appliances producing grease-laden vapors? Yes () No () NA ()	
MISCELLANEOUS:	
Will you be using ice? If so, does is come from an approved source? Source of ice: _____	
If animal derived products are offered raw or undercooked or if an offered product, in its final form, contains a raw or undercooked animal product a consumer advisory must be provided. How is consumer advisory statement being provided to consumer? _____*Provide example of advisory statement.	
All products/food stuffs sold must be from approved sources. Provide a list of sources (company name and location) where food products are coming from: 1. _____ 2. _____ 3. _____ 4. _____	
Will all toxic chemicals be stored away from food preparation and storage areas? Yes () No ()	
If the unit is not air-conditioned, will all exterior doors/openings be screened or be provided with an air curtains? Yes () No () NA ()	
How will you run equipment? Generator: Yes () No () Electric hook up: Yes () No () *Note: restriction will be placed on back of license if you are only able to run equipment with electric hook up.	
Will you have an employee health policy? Yes () No () Example is available upon request	
Will you have a clean-up procedure for vomit and diarrhea? Yes () No () Example is available upon request	
Will signage be available that lists: Name of mobile, city of origin and telephone number? And be at least 3 inches high by 1 inch wide? Yes () No ()	
Is the required menu enclosed? Yes () No ()	
Is the required layout of the mobile unit enclosed? Yes () No ()	

HAVE YOU FILLED OUT ALL SECTIONS OF THIS APPLICATION?