

MOBILE FOOD UNIT PLAN REVIEW APPLICATION

*****Completion of this form does not constitute authorization to operate a mobile food unit.*****
*****All mobile food units must be inspected and permitted prior to operation.*****

Plan Review Fee (EACH): \$175

Purpose of Application:

New Construction Major Remodel Change of Service Change of Ownership Advance Consultation

Type of Application: (Check all that apply and provide the following information.)

UNIT TYPE	# OF UNIT(S)	PROCESS TYPE (*DEFINITIONS BELOW)		
<input type="checkbox"/> NON-TCS Pushcart (non-perishable)		<input type="checkbox"/> 1		
<input type="checkbox"/> TCS Pushcart (perishable)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Ice Cream Truck		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Snow Cone Truck		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Roadside Vendor		<input type="checkbox"/> 1		
<input type="checkbox"/> Full Service Mobile Truck		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Limited Service Mobile Truck		<input type="checkbox"/> 1		

****Process Type Definitions:***

- ❖ **Process 1** – Vending or service of food and beverages with or without preparation and involves no cooking
(General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Hold ⇒ Serve ⇒ Vend)
- ❖ **Process 2** – Food preparation for same day service
(General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Hold ⇒ Serve)
- ❖ **Process 3** – Complex food preparation
(General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Cool ⇒ Hold ⇒ Serve)

Establishment and Owner Information:

Name of Establishment:	Unit #
Unit License Plate (if applicable):	VIN (if applicable):
Registered Address:	
Web Address:	
Social Media Affiliations (Facebook, Twitter, Instagram, etc.):	
Name of Owner:	
Owner's Mailing Address:	
Owner's Telephone #:	Alternate #:
Owner's Email Address (Required):	

Applicant Information: Same as above

Applicant's Name:	Title (owner, manager, contractor, etc.):
Applicant's Tel #:	Alt #:
Applicant Email:	
Projected Date for Start of Project:	Projected Date for Completion of Project:

Documentation required to be submitted with this application: (Not applicable for requested advance consultation)

<input type="checkbox"/> Floor Plan with All Required Contents of the Mobile Food Unit Floor Plan Guidance Document.
<input type="checkbox"/> Supplemental Information Specified in the Mobile Food Unit Plan Review General Information Document

OFFICE USE ONLY:

Date Received: _____	Pmt. Method: _____	Adv. Consult Fee(\$50): _____	Amt. Owed: \$ _____	Amendment Fee: \$20 _____
Master File #: _____	Inventory #: _____	Program Element: _____	Location Code: _____	District: _____
Menu: _____	CFM: _____	Sales Tax ID: _____	Fed. EIN: _____	501(c)(3): _____
DL/ID for personal check: _____	Ownership Info: _____			
Floor Plan Rec'd: _____	Rev. Floor Plan Req.: _____	Floor Plan Approved: _____	Issued to Inspector: _____	Date Issued to Inspector: _____