



# DELAWARE COUNTY HEALTH DEPARTMENT MOBILE FOOD FACILITY PLAN REVIEW APPLICATION

The Delaware County Health Department (DCHD) requires that a properly prepared application, fee, plans and specifications for the construction, addition, and remodeling/alteration of mobile food facilities, be submitted and approved by the Delaware County Health Department prior to commencing construction on these facilities.

<b>Facility Name:</b>		
Facility Street Address:	Facility City, Zip Code:	Municipality:
Facility Telephone:	Facility E-mail:	Facility Website:
Facility Owner (Sole Proprietor, LLC, Inc):	Facility Owner Street Address:	Facility Owner City, Zip:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:
<b>Vending Location(s):</b> _____ _____		
<b>Location of rest rooms readily available for employee use:</b> _____		

**Type of Mobile Food Facility:**

- Truck
- Trailer Hitch Unit
- Pushcart Stand
- Foot Peddler
- Other: \_\_\_\_\_

**What fuel sources does your operation utilize? (check all that apply)**

- Propane Fuel
- Electrical Generator
- Other: \_\_\_\_\_

**Is there a Frozen Dessert Machine in the Facility?**     Yes     No

Frozen Dessert License # issued by the Pennsylvania Department of Agriculture - \_\_\_\_\_

Laboratory Testing Agency: \_\_\_\_\_.



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**Category of Application:**

- New Mobile Food Facility
- Modification (the remodeling or alteration of an existing food establishment or change that affects the way the facility operates, which may or may not include the categories listed below).  
Check all items that apply.

- Installation of equipment (new or used)
- Installation of surface finishes (e.g., walls, floors, ceilings)
- Installation of custom millwork, cabinetry, or plastic laminated surfaces
- Replacement or relocation of permanently installed equipment
- Expansion of food facility
- Other: \_\_\_\_\_

Work Start Date: \_\_\_\_\_ Work Completion Date: \_\_\_\_\_

**Commissary Information:**

<b>Commissary Name:</b>		
Facility Street Address:	Facility City, Zip Code:	Municipality:
Facility Telephone:	Facility E-mail:	Facility Website:
<b>Commissary Owner:</b>	Days & Hours Reporting to Facility:	Food Storage Location:
Commissary Facility Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Commissary Facility Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic	<i>If Commissary Facility is Using Well/Septic</i> <input type="checkbox"/> Well Permit #: _____ <input type="checkbox"/> Septic Permit #: _____

Is this Commissary inspected by the Delaware County Health Department?     YES     NO  
*If NO, provide a copy of the most recent food license and inspection report for the Commissary.*

The above Commissary is used for the following:

- Food Storage
- Supplies
- Fresh Water Supply
- Cleaning of Equipment/Utensils
- Grey Water Disposal
- Solid Waste Disposal

*A copy of the commissary rental agreement signed by the owner must be provided with the application.*



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### Finish Schedule

Please provide description and details for the items below.

ITEM	DESCRIPTION/DETAILS
<b>Physical Facilities</b>	
Overhead Enclosure	
Support Structure	
Side Enclosure	
Floor Materials	
Service Opening/Window	
<b>Hand Washing Facility</b>	
Handwashing Sink	
<b>Water Supply &amp; Wastewater Disposal</b>	
Potable Water Source Water Storage Tank; Materials and Construction Detail	
Capacity of Water Storage Tank	
Water Storage Tank Backflow Prevention Device	
Method of Generating Hot Water; Heater Details	
Hot Water Storage Tank; Materials and Construction Detail	
Wastewater Storage Tank; Materials and Construction Detail	
Capacity of Wastewater Storage Tank	
Disposal Method for Wastewater	
<b>Refuse</b>	
Number and Type of Waste Containers	
Will cooking grease waste be generated? Provide cooking grease disposal information.	
<b>Utensil/Equipment Washing Facilities</b>	
On-unit utensil washing & sanitation	
Type & number of compartments for utensil cleaning; Materials and Construction Detail	
Type of Sanitizer	



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**Equipment Schedule**

List the type, make, and model number for all food service equipment and submit with manufacturer’s cut sheet and specification. All equipment must be designed and constructed in accordance with the sanitation criteria set forth by the American National Standard Institute (ANSI).

<b>Equipment Description (include manufacturer and model #)</b>	<b>Method of Installation</b>	<b>Quantity</b>



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### Menu Description for Food Prepared at Commissary

The preparation description portion of the worksheet must include: storage of foods, preparation of foods, cooking temperature of foods, how menu item will be served.

Food Item	Transportation Description	Preparation Description at Mobile Food Facility
<i>Hamburgers</i>	<i>Raw hamburger patties transported in coolers with ice</i>	<i>Grilled at mobile food facility until internal temperature reaches 165 degrees. We will not be selling under cooked animal products.</i>



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### Checklist

Please complete this checklist to ensure that your plan review application is complete. The accuracy of your submission will help to avoid processing delays.

- Floor Plans that are a minimum of 11 x 14 inches in size, including the layout accurately drawn to a minimum scale of ¼ inch = 1 foot. Floor Plans must show all food equipment.
- Signed Mobile Food Facility Plan Review Application
  - Mobile Food Facility proof of insurance, registration, and vehicle inspection
  - Commissary Signed Rental Agreement
  - Equipment List including Manufacturer's Cut Sheets and Specifications
  - Menu Description for Food Prepared at Commissary
- Copy of valid Food Manager Safety Certificate from an ANSI approved program
- Required Fees





## DELAWARE COUNTY HEALTH DEPARTMENT MOBILE FOOD FACILITY PLAN REVIEW APPLICATION

**Person to contact regarding inspections, maintenance, or emergencies, if different from owner.**

Name:	Telephone:	E-mail:
I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.		
Signature:		Date:

✓	Type of Plan Review Requested	Fee
	Mobile Food Facility	\$237
	Change of Ownership/Turn-Key Operation	\$47

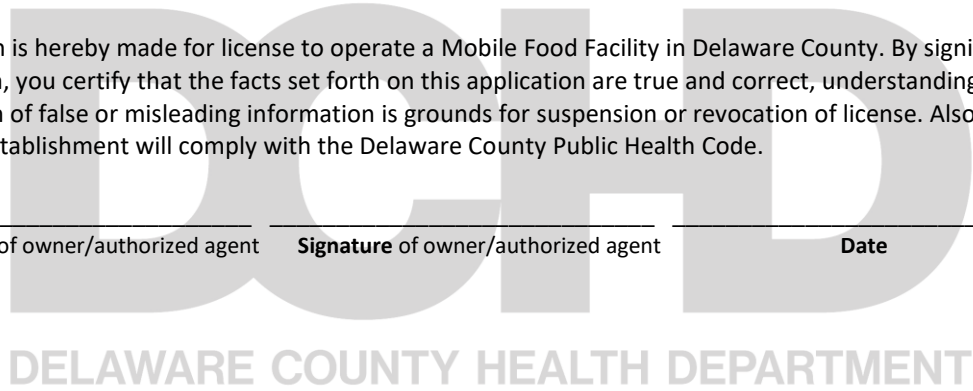
**Note** - the applicant assumes responsibility for obtaining any permits that may apply to the construction and/or development of the mobile food facility and any vendor permits required by local municipalities.

**Application fee \$** \_\_\_\_\_ (See fee schedule). Fee **MUST** be filed with application.  
Make all checks payable to **Delaware County Health Department.**

Application is hereby made for license to operate a Mobile Food Facility in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code.

\_\_\_\_\_

**Print name of owner/authorized agent      Signature of owner/authorized agent      Date**



TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date: