



# DELAWARE COUNTY HEALTH DEPARTMENT MOBILE FOOD FACILITY PLAN REVIEW APPLICATION

<b>Mobile Facility Name:</b>		
Facility Street Address:		Facility City, State, Zip Code:
Facility Telephone:		Facility E-mail:
Vehicle VIN:		
Vehicle Insurance Company:	Vehicle Registration Expiration:	Vehicle Inspection Expiration:
Facility Owner (Sole Proprietor, LLC, Inc):		
Facility Owner Street Address:		Facility Owner City, State, Zip Code:
Contact Person Name:	Contact Person Telephone:	Contact Person E-mail:
<b>Vending Location(s):</b>		
<b>Location of rest rooms readily available for employee use:</b>		

## Category of Application:

- ☐ New Mobile Food Facility \**Mobile Food Facility License Application also required*
- ☐ Change of Ownership/Turn-Key Operation \**Mobile Food Facility License Application also required*
- ☐ 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: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_



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**Type of Mobile Food Facility:**

- |                                             |                                           |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Truck              | <input type="checkbox"/> Foot Peddler     |
| <input type="checkbox"/> Trailer Hitch Unit | <input type="checkbox"/> Tented Operation |
| <input type="checkbox"/> Pushcart Stand     | <input type="checkbox"/> Other: _____     |

**Fuel Sources Utilized:** (check all that apply)

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

**Will the facility perform any Specialized Processes** such as: Sous Vide, Cook-Chill, Vacuum Packing (ROP), Curing/Smoking for preservation, Sprouting, Fermentation, Acidification, Canning.

- ☐ Yes, if yes please include a copy of a HACCP Plan  
☐ No

*\*Specialized processes must have a HACCP plan **submitted** with this application and **approved prior** to processing foods.*

**Commissary Information:**

Is this Commissary inspected by the Delaware County Health Department? ☐ YES ☐ NO

A copy of the most recent food license and inspection report for the Commissary must be submitted with the application.

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

The above Commissary is used for the following:

- |                                                               |                                                         |
|---------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Food Storage and/or Food Preparation | <input type="checkbox"/> Supplies                       |
| <input type="checkbox"/> Fresh Water Supply                   | <input type="checkbox"/> Cleaning of Equipment/Utensils |
| <input type="checkbox"/> Grey Water Disposal                  | <input type="checkbox"/> Solid Waste Disposal           |

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## Finish Schedule

Please provide description and details for the items below.

ITEM	DESCRIPTION/DETAILS
<b>Physical Facilities</b>	
Overhead Enclosure	
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	_____ Gallons
Capacity of Grey Water Tank	_____ Gallons
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).

Equipment Description (include manufacturer and model #)	Method of Installation	Quantity



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Menu Description for Food Prepared at Commissary

Food Item	Transportation Description	Preparation Description at Mobile Food Facility
<u>EXAMPLE</u> Hamburgers	<u>EXAMPLE</u> Raw hamburger patties transported in coolers with ice	<u>EXAMPLE</u> Grilled on food truck grill until internal temperature reaches 165°F. We will not be selling under-cooked animal products.

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### Checklist

1. Complete and sign the Mobile Food Facility Plan Review Application (type or print legibly) .
2. Provide supporting documentation:
  - ☐ 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.
  - ☐ Commissary Food License
  - ☐ Most recent Commissary Inspection Report
  - ☐ Mobile Food Facility proof of insurance, registration, and vehicle inspection
  - ☐ Equipment List including Manufacturer's Cut Sheets and Specifications
  - ☐ Menu Description for Food Prepared at Commissary
  - ☐ Full Mobile Food Facility Menu
  - ☐ Copy of valid Food Manager Safety Certificate from an ANSI approved program
  - ☐ Employee Health Policy
  - ☐ Policy for clean-up of vomiting or diarrheal events
  - ☐ HACCP Plan, if needed
3. Submit application packet to DCHD:
  - Email pdf documents to: [environmental@co.delaware.pa.us](mailto:environmental@co.delaware.pa.us)
4. Required fee- online credit card payments are accepted once application is received
  - Fee payment instructions will be provided via email

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

*Please allow 4 – 6 weeks for processing. A DCHD Environmental Health Specialist (EHS) will review the plans and notify you of its approval/disapproval. Once you receive your approval, notify your assigned HS or this Department at least ten (10) days prior to operation to arrange a licensing inspection.*

**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 (select one)	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.

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 the food license. Also, you agree that the facility 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: