

#### **CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER**

#### Environmental Services 1121 Linden Street, P.O. Box 1839 Cape Girardeau, MO 63702-1839

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#### Mobile Food Establishment Plan Application

Name of Mobile Unit:					
Name of owner:					
Address of owner:					
Phone Number:					
List all menu items, including drinks or attach	menu:				
Will all foods be received prepackaged from a prepackaging? Yes	an approve No	ed source	and sold in	same	
IF NO: List foods that will be prepared in the methods. (Remember, making lemon shake-u				fic on preparatio	n
Will mobile unit operate out of a commissary	? Ye	es	No		
IF YES: Give name and location of commissa for the commissary)	ary: (If a n	ew facility	y, floor plan	ns will be require	ed
Show location of all hand sinks on plans: Conveniently located:	Y	N			
Splash guard required:	Y	N			
Is a three compartment sink provided in unit?	Ye	es	No		
Provide width, length, and depth of dish sink	compartm	ents			

List type	of material for:
• •	Floor:
	Walls:
	Ceiling:
	Other (shelving, countertop, preparation table(s), etc):
Indicate lo	ocation of storage for:
	Food:
	Single service items:
	Cleaning Chemicals:
List all equ	uipment in unit and show location on plans:
Drovido an	agaifications on all againment including:
-	pecifications on all equipment including:
	efrigerators, freezers, cooking equipment, hot/cold holding equipment, water heater sh sink, hand sink, food preparation table(s), water pump, air conditioner, lighting,

Y

Y

N

N

NA

### **Submit the following additional documentation:**

- List size and locations of fresh and waste water tanks, position of tank water inlet and outlet and water pump on floor plan
- Disclose location/method of trash disposal
- Restroom use agreement

vent hood, etc.

Will unit have a mop sink? :

If yes: Give location on plans

If yes: Approved backflow provided:

If no: Describe how floor will be cleaned:

- Wastewater dumping location or pumper/hauler agreement
- Commissary agreement if applicable
- Provide documentation that hose used for filling potable water tank is food grade

# **Mobile Unit Electrical Equipment List**

## Restroom Use Agreement

Name of mobile food establishment:
Name of operator:
Operator name, facility name, address and phone number where restroom is located:
AGREEMENT:
I,, agree to allow the above mobile food establishment to use my restroom for the dates of to
Signature:
Date:

### **Potable Water Filling and Wastewater Disposal Sources**

Potable water filling site: Name, address, and water district or DNR permit to dispense number:
Wastewater dumping location: Provide receipts if applicable or provide copy of wastewater pumper/hauler agreement and receipts: