



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

Environmental Services

1121 Linden Street, P.O. Box 1839

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www.capecountyhealth.com

Phone (573) 335-7846 Fax (573) 334-6572

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 an approved source and sold in same prepackaging? Yes No

IF NO: List foods that will be prepared in the unit or commissary: Be specific on preparation methods. (Remember, making lemon shake-ups is considered preparation)

Will mobile unit operate out of a commissary? Yes No

IF YES: Give name and location of commissary: (If a new facility, floor plans will be required for the commissary)

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? Yes No

Provide width, length, and depth of dish sink compartments _____

Mobile Unit Electrical Equipment List

Generator specifications (amps/watts): _____

Breaker box amperage: _____

Equipment list:

Water heater amps/watts used: _____

Refrigerator(s) amps/watts used: _____

Freezer(s) amps/watts used: _____

Water pump amps used: _____

Air conditioner amps/watts used: _____

Lighting amps/watts used: _____

Hot holding equipment amps/watts used: _____

Vent hood amps/watts used: _____

Coffee maker amps/watts used: _____

Additional equipment amps/watts used: _____

Additional equipment amps/watts used: _____

Additional equipment amps/watts used: _____

Total amps/watts used: _____

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: