



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER  
Environmental Services  
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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 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 \_\_\_\_\_

List type of material for:

Floor: \_\_\_\_\_

Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_

Other (shelving, countertop, preparation table(s), etc): \_\_\_\_\_

\_\_\_\_\_

Indicate location of storage for:

Food: \_\_\_\_\_

Single service items: \_\_\_\_\_

Cleaning Chemicals: \_\_\_\_\_

List all equipment in unit and show location on plans:

Provide specifications on all equipment including:

- Refrigerators, freezers, cooking equipment, hot/cold holding equipment, water heater, dish sink, hand sink, food preparation table(s), water pump, air conditioner, lighting, vent hood, etc.

Will unit have a mop sink? : Y N

If yes: Give location on plans

If yes: Approved backflow provided: Y N NA

If no: Describe how floor will be cleaned:

**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
- 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

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: