



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: