

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 \_\_\_\_\_



## 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: