

11660 Upper Gilchrist Rd. Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200 Fax 740-392-9613

# **MOBILE FOOD PLANNING GUIDE**

"Mobile food service operation" means a food service operation that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location, except that if the operation remains anyone location for more than forty consecutive days, the operation is no longer a mobile food service operation.

"Mobile retail food establishment" means a retail food establishment that is operated from a movable vehicle or other portable structure, and that routinely changes location, except that if the establishment operates from any one location for more that forty consecutive days, the establishment is no longer a mobile retail food establishment.

• A mobile food operation must be licensed in the county where the unit is housed. The mobile food service license must be renewed on a yearly basis, prior to the mobile's first day of food sale. The mobile will be required to be set up, have running warm and cold water, and be stocked with essential supplies on the day of licensing.

• The mobile food license is valid throughout the state of Ohio, as long as the mobile is operating as stated on the back of the license issued by this department.

• Mobile food service operations are only licensed for the exact menu and equipment provided to this department for approval.

• A mobile food service operation cart (i.e. hot dog cart), will have more limitations and restrictions compared to a mobile food service truck due to limited space and equipment.

## The following must be submitted/completed for plan review:

1. Submit a drawing of the mobile food operation. The plan must show the location of all equipment, counters, lighting, windows, and entrances. The plan must also show the location of the hot water tank, fresh water and gray water tanks, if applicable.

2. If your mobile has a stock trailer, it must also be included in the mobile plan.

3. The drawing must include the exact layout of all equipment (example: 3 compartment sink and separate hand sink, coolers, tables, storage areas, etc.). All equipment must be commercial grade, NSF approved for food service operations; no home-style equipment like slow cooker crockpots will be accepted.

4. Submit a complete menu/product list.

5. All mobiles must go through the plan review process and have a pre license inspection before they can be licensed.

6. Once plans are approved, a completed Ohio Mobile Food Application and required fee payment must be provided.

The following is a general checklist for the equipment required for licensed food service mobiles. Equipment must meet the National Sanitation Foundation (NSF) standards. <u>The menu/product list and</u> <u>type of mobile operation for plan approval determines the equipment required.</u>

- 1. Hand wash sink.
- 2. Three-compartment sink with drain boards.
- 3. Cold storage units (i.e. refrigerator, freezer).
- 4. Hot storage units (i.e. steam tables).
- 5. Cooking units (i.e. ovens, stoves, and microwaves).
- 6. Grey water storage tank (blue belly).
- 7. Approved NSF approved food grade water hose
- 8. 1024 Backflow preventor
- 9. Freezer storage.
- 10. Work tables.
- 11. Storage shelves.
- 12. Hot water tank.
- 13. NSF approved water storage tank.
- 14. Smooth, easily cleanable surface finishes (i.e. floor, walls, ceiling).
- 15. Approved shielded and/or shatter-resistant lighting.



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# **MOBILE FOOD PLAN REVIEW FORM Complete and submit to the Knox County Health Department**

Name of the mobile food operation: \_\_\_\_\_\_ Address of the location where the mobile food operation will be housed: City: \_\_\_\_\_Zip: \_\_\_\_\_ **OWNER INFORMATION** Name: \_\_\_\_\_ Mailing Address: City: \_\_\_\_\_Zip: Contact Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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#### TYPE OF MOBILE FOOD OPERATION

Check mark the circle below that applies to the type of mobile food operation license you are license you are applying for:

• Concession Trailer/Truck

• Pushcart Name of Commissary/Licensed Kitchen: \_\_\_\_\_

- Knockdown Concession County/License # \_\_\_\_\_
- Frozen Food Truck/Cart
- Catering Type Truck
- Soft Serve Ice Cream Truck
- Mobile Cooker/BBQ Pit
- Retail Food Establishment (i.e. frozen meat, raw shelled eggs)

#### **MENU/PRODUCT LIST**

Note: All food must be prepared in your mobile food service operation or by a commercially licensed facility. No food may be made in your home unless it is a Cottage Food industry product.

### Page 3 MOBILE DRAWING/LAYOUT

**Note:** <u>For a food service Mobile</u>, the plan must show the location of all equipment, counters, lighting, windows, and entrances. The plan must also show the location of the hot water tank, fresh water and gray water tanks. The drawing must include the exact layout of all equipment (example: 3 compartment sink and separate hand sink, coolers, tables, storage areas, etc.). All equipment must be commercial grade; no home-style equipment will be accepted.

**Note:** <u>For a Retail Food Establishment Mobile</u>, the plan must list the tables, insulated coolers, frozen ice packs, equipment, etc., that you will be using for your portable set-up.

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#### SURFACE FINISH LIST

**Note:** All surfaces must be smooth, easily cleanable for floors, walls and ceilings.

Plans completed/submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

#### **OFFICE USE ONLY**

\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Plans approved by:	Date:	
Notes:		
		05/2014