



MOBILE FOOD ESTABLISHMENT APPLICATION

COMMISSARY AGREEMENT FORM

(FOR MULTIPLE COMMISSARIES, DUPLICATE THIS FORM AND SUBMIT ADDITIONAL COMMISSARY INFORMATION)

MOBILE FOOD ESTABLISHMENT GENERAL INFORMATION

Type of Mobile Unit:	Type 1 - Commercially Package Foods <input type="checkbox"/>	Type 2 - Non-Complex Food Preparation <input type="checkbox"/>	Type 3 - Complex Food Preparation <input type="checkbox"/>
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Establishment Name:

Establishment Address:	City:	State:	Zip:
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COMMISSARY INFORMATION

Establishment Name:

Establishment Address:	City:	State:	Zip:
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Email:	Phone Number:
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COMMISSARY OWNER/OPERATOR STATEMENT

I hereby declare and certify that (name of MFE) _____
with license plate _____ is operating out of the above commissary.

This commissary agreement is valid until (date) _____.

I have a food establishment permit issued by the following Agency _____
(Attach copy of permit)

I understand and agree to provide the following requirements: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Overnight Storage of MFE | <input type="checkbox"/> Overnight Refrigeration | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Utensil Ware-Washing Area | <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Cleaning Area of MFE |
| <input type="checkbox"/> Liquid Waste Disposal | <input type="checkbox"/> Food & Utensil Storage | <input type="checkbox"/> Cooking Facilities |

I hereby declare that I hold a valid food establishment/commissary permit to operate. I will inform the Office of Environmental Health and Engineering of any changes in the status of my operation or when this commissary agreement is terminated. I give permission to the above MFE to use my establishment located at the above address.

Print Name & Title(Commissary Operator):	Signature (Commissary Operator):	Date:
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The frequency I will be visiting the commissary for cleaning and servicing:

- ☐ Daily ☐ Weekly ☐ Other, Explain: _____

As operator of (name of MFE) _____, I will operate out of the above mentioned commissary and report to the commissary at indicated frequency for cleaning and servicing. I will store the MFE at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Office of Environmental Health and Engineering to make the necessary changes.

Print Name (MFE Operator):	Signature (MFE Operator):	Date:
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LOCATION AGREEMENT

List out all locations this Mobile Food Establishment will operate and time schedule. Any changes to the locations listed must be communicated to OEH&E. Changes without approval could result in permit revocation/denial.

	<u>TIME</u>	<u>LOCATION</u>
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

How often will frozen foods be purchased/delivered? Daily ☐ Weekly ☐ Other ☐
 How often will refrigerated foods be purchased/delivered? Daily ☐ Weekly ☐ Other ☐
 How often will dry food or supplies be purchased/delivered? Daily ☐ Weekly ☐ Other ☐

FOOD STORAGE — Identify amount of space (in cubic feet) allocated for in MFE:

Dry Storage Refrigerated Storage (41°F) Frozen Storage Utensil Storage

*Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEET CRITERIA (Completed by Authority Having Jurisdiction)
Washing (fruits & vegetable) FDA Food Code 3-302.15			
Thawing FDA Food Code 3-501.13			
Cooking FDA Food Code 3-401			
Hot Holding Hot food maintained at 135°F			
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours total; 135°F to 70°F within 2 hours			
Reheating Food must be reheated to a temperature of 165°F for 15 seconds within 2 hours or less			

General

- ☐ All hot and cold holding equipment, cooking facilities, preparation surfaces, and dispensing equipment shall be adequate in capacity and usage to meet the needs of the proposed operation (e.g. based on projected menu and/or volume of food that will be sold).
- ☐ Refrigeration and freezers have shelving that is nonabsorbent, corrosion resistant, easily cleanable and meets or is equivalent to applicable ANSI standards. Wood shelving is not acceptable.
- ☐ Accurate, readily visible thermometers must be provided.
- ☐ Walk-in refrigerator and storage freezer units are closeable, sealed to the floor, or constructed integral with the floor.
- ☐ Equipment installed in fully enclosed MFE must be sealed to facilitate cleaning.
- ☐ All equipment may be movable; however, it must be capable of being secured when the MFE is in transit to and from service locations.

PERSONAL HYGIENE

Will food employees be trained in food safety practices before opening? YES ☐ NO ☐
 If 'YES' attach copy of food handler card or certificate with application
 Will disposable gloves and/or other utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES ☐ NO ☐
 Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ☐ NO ☐

WATER SUPPLY, CAPACITY AND WASTEWATER DISPOSAL

INSTRUCTIONS: Explain the following with as much detail as possible, indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEET CRITERIA (Completed by Authority Having)
<p>Water</p> <p>*An approved and adequate supply of potable water shall be available on the MFE for cooking and drinking purposes; for cleaning and sanitizing equipment, utensils, and food-contact surfaces; and for hand washing.</p> <p>§§5-101; 5-102, and 5-103</p>	<ul style="list-style-type: none"> • Where will potable drinking water be obtained? <input type="checkbox"/> Public water system <input type="checkbox"/> Non public water system (well water source) Location of water source: _____ *Non public water systems must provide copies of recent sampling test results • What size is the potable water tank? _____ • Location of the potable water tank? _____ _____ _____ _____ _____ _____ 	
<p>Water System</p> <p>*The water supply hoses should be installed to preclude the backflow of contaminants into the potable water supply.</p> <p>§§ 5-205.12; 5-301.11; 5-302.11; 5-302.14; 5-302.15; 5-302.16; 5-303.12; 5-304.13</p>	<ul style="list-style-type: none"> • Water supply hose constructed with materials approved for food contact? <input type="checkbox"/> YES* <input type="checkbox"/> NO *Provide documentation • Describe where water supply hose will be stored? _____ _____ _____ _____ _____ _____ 	
<p>Wastewater Disposal</p> <p>*Equipment and facilities that generate liquid waste must be disposed of in an approved manner.</p> <p>*Wastewater may not be dumped onto the ground surface, into waterways, or into storm drains, but shall be collected and dumped into an approved receptacle.</p> <p>*Grease must be disposed of properly and shall not be dumped onto the ground surface or into the sanitary sewer system.</p> <p>§§ 5-401.11; 5-402.13; 5-402.14; 5-403.11</p>	<ul style="list-style-type: none"> • Location of waste water tank: _____ _____ _____ _____ _____ _____ • What is size of waste water tank? _____ • Where will you dispose of waste water: _____ _____ _____ _____ _____ _____ • Describe method to dispose of other liquid waste: _____ _____ _____ _____ _____ _____ 	

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible, indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEET CRITERIA (Completed by Authority Having)
Overhead Protection *MFE must have overhead protection (ceiling) <i>§§ 6-202.16; 6-201.12A; 3-305.11; 3-306.12</i>	<ul style="list-style-type: none"> Type of overhead protection for MFE: <ul style="list-style-type: none"> <input type="checkbox"/> Permanent structures <input type="checkbox"/> Canopies <input type="checkbox"/> Awnings <input type="checkbox"/> Umbrella Cooking equipment equipped with a covering? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO Self-services components protected from Contamination? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Floors *Unless otherwise approved, floors of self-contained MFEs must be designed, constructed, and installed so they are smooth, durable, and easily cleanable *Push carts, food delivery and food dispensing units must be located on concrete, asphalt, or a similar non-absorbent surface that minimizes dust and mud. The service sites should be graded to drain away from the MFE. <i>§§ 6-101.11; 6-201.11; 6-501.11; 6-201.13</i>	<ul style="list-style-type: none"> Describe floor finishing in MFE (Examples of acceptable floors are vinyl composition tile, commercial grade linoleum, or similar finish): <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> Floor and wall junctures are covered and sealed? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Walls *For self-contained MFEs, walls are required to protect against the elements, wind-blown dust and debris, insects or other sources that may contaminate food, food-contact surfaces, equipment, utensils, or employees. <i>§§ 6-101.11; 6-201.11; 6-202.15; 6-202.16; 6-501.11</i>	<ul style="list-style-type: none"> Describe wall finishing in MFE? (Must be made of smooth, durable, easily cleanable and nonabsorbent materials): <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> Is the pass-through window protected by a screen? (prevent the entrance of insects) <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Lighting *Adequate lighting by artificial or natural means is required. *MFEs that are fully enclosed must be provided with artificial lighting. <i>§§ 6-303.11; 6-202.11</i>	<ul style="list-style-type: none"> Method MFE used to maintain lighting intensity <ul style="list-style-type: none"> <input type="checkbox"/> Artificial <input type="checkbox"/> Natural <input type="checkbox"/> Both 540 lux (50 foot candles) maintained at surfaces where food will be prepared? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO Light bulbs shielded ? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO 	

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible, indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEET CRITERIA (Completed by Authority Having)
Ventilation and Fire Protection *Enclosed MFEs must keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes, mechanical ventilation of sufficient capacity. <i>§6-304.11</i>	<ul style="list-style-type: none"> • MFE has method to keep unit free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fume <input type="checkbox"/> YES <input type="checkbox"/> NO • If Yes, identify what type of ventilation system will be used: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Garbage *Garbage containers must be rodent-proof, easily cleanable and non-absorbent *Grease must be disposed of properly and shall not be dumped onto the ground surface or into the sanitary sewer system. <i>§§5-501.13; 5-501.15</i>	<ul style="list-style-type: none"> • Adequate number of garbage containers provided throughout MFE? <input type="checkbox"/> YES <input type="checkbox"/> NO *Location of containers must be identified on plans provided • Garbage containers are non-absorbent, easily cleanable and covered <input type="checkbox"/> YES <input type="checkbox"/> NO *Garbage containers must be covered when not in-use • Identify method for disposing of grease, garbage and other waste material: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Handwashing Facilities *At least one handwashing sink must be located on all MFE's that are classified as Type 2 or Type 3. *A handwashing sink is required for commercially pre-packaged foods that are dispensed in original containers. *Handwashing facilities must be provided at all toilet facilities used by the food employees. *Each handwashing sink must be provided with: 1. Hand cleaner; 2. Individual disposable towels; 3. Waste receptacle; and 4. A handwashing sign to be posted at the handwashing sink. <i>§§ 6-301.11; 6-301.12; 6-301.14; 5-204.11 B; 5-203.11</i>	<ul style="list-style-type: none"> • Handwashing sink available and accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO • Handwashing sink provided with necessary items (i.e. soap, disposable towels, waste receptacle) <input type="checkbox"/> YES <input type="checkbox"/> NO • Handwashing facilities equipped with potable water at a minimum temperature of at least 100°F? <input type="checkbox"/> YES <input type="checkbox"/> NO 	

PHYSICAL FACILITIES		
INSTRUCTIONS: Explain the following with as much detail as possible, indicate Not Applicable (NA) as appropriate.		
TOPIC	MINIMUM CRITERIA	MEET CRITERIA (Completed by Authority Having)
Toilet Facilities *Toilet and hand washing facilities must be available for MFE employees along their route of service *The toilet facilities must be conveniently located <i>§§5-204.11; 6-402.11</i>	<ul style="list-style-type: none"> Toilet with handwashing facilities conveniently located for employees? <input type="checkbox"/> YES <input type="checkbox"/> NO Toilet with handwashing facilities available for employees? <input type="checkbox"/> YES <input type="checkbox"/> NO 	
Ware-washing facilities *Depending on type of MFE, ware-washing methods must be available to wash, rinse, and sanitize equipment and utensils coming into contact with food. ⇒MFE Type 1 – No ware-washing sink required. ⇒MFE Type 2 – The servicing area should be used by the MFE for the cleaning and sanitizing of equipment and utensils if manual ware-washing is not available on the MFE. Adequate spare utensils must be available within the MFE. ⇒MFE Type 3 – A three compartment sink for manual ware-washing that is supplied with hot and cold running water and approved wastewater disposal system must be available within the mobile food establishment. <i>§4-301.12</i>	<ul style="list-style-type: none"> 3-compartment sink required? <input type="checkbox"/> YES* <input type="checkbox"/> NO *Identify the length, width, and depth of the compartments of the 3 compartment sink: Length:_____ Width: _____Depth: _____ <ul style="list-style-type: none"> What type of sanitizer will be used? <input type="checkbox"/> Chemical (Type: _____) <input type="checkbox"/> Hot water 	
Poisonous/Cleaning Storage *Approved sanitizers must be provided for sanitizing food-contact surfaces, equipment, and wiping cloths. *An approved test kit must be available to accurately measure the concentration of sanitizing solutions. <i>§§ 4-501.116; 4-703.11; 7-204.11</i>	Identify the location and storage of poisonous or toxic materials: (These items must be separated from food and food-contact surfaces) <hr/> <hr/> <hr/> <hr/> <hr/> <ul style="list-style-type: none"> What type of chemical sanitizer will be used? <input type="checkbox"/> Chlorine <input type="checkbox"/> QUAT <input type="checkbox"/> Iodine <input type="checkbox"/> Other: _____ *Must have the appropriate testing kit for chemical sanitizers Where will cleaning and sanitizing solutions be stored at workstations? <hr/> <hr/> <hr/> <hr/> <hr/>	