



SAMPLE

2400 NW 36th
Oklahoma City, OK 73112
PHONE 405/425-4347
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OCCHD.ORG

MOBILE FOOD SERVICE PLAN REVIEW APPLICATION

Proposed Establishment Name: Business name as shown on the Sales Tax Permit

Street Address: Business location address City: OKC Zip Code: _____

APPLICANT INFORMATION: [owner's name, LLC, Inc., DBA, etc.]

Name: Name as shown on Sales Tax Permit

Address: 1234 Example Dr. City: OKC State: OK Zip: 12345

E-mail: (Option) Example@gmail.com Phone#: 405-XXX-XXXX

CONTACT INFORMATION if different from the Sales Tax Permit holder:

Name: John Doe

Address: John Doe's Address City: _____ State: _____ Zip: _____

E-mail: (Optional) _____ Phone#: _____

TYPE OF MOBILE(s):

MOBILE * INDOOR PUSH CART * OUTDOOR PUSH CART * HOT DOG CART

*Subject to commissary requirement (commissary location): 1234 Commissary Dr., licensed OSDH facility 55-12345

I hereby certify that the statements in this application are true and correct.

Applicant Signature: [Signature] Date: 7/1/2016

Printed Name: John Doe Title: Owner

<p>A copy of this application must be submitted with a Fee of \$425.00 made payable to the Oklahoma City-County Health Department (OCCHD). All facilities must be inspected and licensed prior to operation. <u>Completion and submission of this form does not constitute authorization to open a food service establishment.</u></p> <p>This fee is NON-REFUNDABLE</p> <p>DO NOT MAIL CASH. SEND CHECK OR MONEY ORDER ONLY. Mail payment to: OCCHD 2400 NW 36 Oklahoma City, OK 73112</p>	<p>OCCHD USE ONLY</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Website payment <input type="checkbox"/> Money Order</p> <p>Date Received: ____/____/____</p> <p>By: _____</p>
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Approval of the plans and specifications by the Health Department does not indicate compliance with any other federal, state or local code, law or regulation that may be required. It further does not constitute endorsement or imply adherence to the laws governing food service establishments. All application fees must be paid in full before a license to operate will be issued.

Example of HOW to FILL OUT FORM

Projected Date for Start of Project: _____ Projected Date for Completion of Project: _____

Complete each blank or mark N/A where applicable

Incomplete applications will **NOT** be reviewed. Information must be entered on application (**no attachments**)

Food Preparation and Storage

How often will the following items be delivered:

Dry goods _____ Refrigerated food _____ Frozen food _____

Describe where the food comes from (list all suppliers) local grocery store (name, location)

Where will the dry goods be stored (be specific with area/space) Shelves above refrigerator, size 8 ft long and underneath service table 36"

In which area will the food be prepared (be specific with area/space) using 36" table next to the grill area

Will raw and ready-to-eat food share the same refrigeration units? YES or NO

IF "Yes" provide specific description of the method used to prevent cross-contamination Explain how food will be stored in such a way as to prevent cross-contamination.

Will any food on the menu be cooked and cooled before service? YES or NO If "Yes" describe the cooling method (be specific) Explain how to cool down food

How will hot Time/Temperature Control for Safety Food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units. How to keep food hot while doing business

How will cold Time/Temperature Control for Safety Food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units. How to keep food cold while doing business

How and where will Time/Temperature Control for Safety Food that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating food.

How to heat up cold food (pre-made food) before placing food into hot holding units

Opening area

What are the dimensions of the service window opening?(width _____ (length) _____)

Will screens be provided on all entrances which open to the outside? _____

Will all windows that open have a minimum #16 mesh screening? Yes/No

Will electrical insect control devices be used? [Air curtain] _____

Water /Sewage/Plumbing

Is the water source public or private Yes/No and name of municipal

Is the sewage disposal public or private _____

Capacity of the fresh water tank in gallons _____

Capacity of waste water tank in gallons _____

Capacity of the hot water heater in gallons _____

If a tankless water heater will be used, provide gallons per minute _____

Cleaning /Preparation/Storage:

1. Dimensions of the compartments of the 3-compartment sink: (Length)_____X(Width)_____X(Depth)_____
2. Will the largest pot and pan fit into each compartment of the 3-compartment sink? _____ Yes/No_____
3. What type of Chemical sanitizer will be used?_____
4. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.)

5. Identify the location for the storage of poisonous or toxic materials _____

8. Identify location of clean and dirty linen storage: _____
10. Indicate all areas where an exhaust hood(s) will be installed: _____

Required documents:

Actual menu that will be served to customers

- 1) Proposed Menu or complete list of food and beverages to be offered
- 2) Plan showing location of equipment, plumbing, electrical and mechanical services (Plan should be drawn to scale or show dimensions)

The building plans must be on 8 1/2 inch by 11 inch paper.

The plans should include the following items:

- A floor plan clearly labeling, marking and identifying the location of all sinks and equipment. Elevation drawings may be requested.
- Other information that may be required for the proper review of the proposed construction, conversion or modification.
- Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevations may be necessary for equipment and storage (ie. height of storage from floor).

- 3) Manufacturer specification sheets for each piece of equipment to be used in the establishment.
(This includes custom fabricated equipment)

**Look!!
Before
submit the
application**

APPLICATIONS MISSING REQUIRED DOCUMENTS WILL NOT BE REVIEWED
Application will NOT be accepted by Fax or email

I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.

Signature: _____ Printed Name: _____

Title _____ Date _____