



# MOBILE FOOD ESTABLISHMENT APPLICATION FOR FOOD LICENSE

## Instructions:

This application must be completed to the best of your ability and submitted to the Tazewell County Health Department for review **prior** to operating a Mobile Food Establishment (MFE). If the question does not apply, mark N/A.

In addition, a floor plan of the Commissary Area (Attachment A) and a plan of the Mobile Food Establishment (Attachment B) must be provided for review.

Name of MFE:

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Name and Address Printed On the MFE (For Customer Identification):

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Vehicle License Plate Number:

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Name of Owner/Operator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of MFE (circle one):      Self-Sufficient Vehicle or Trailer  
   Vehicle or Trailer that is not Self-Sufficient  
   Push-Cart  
   Pre-Packaged, Non-PHF/TCS Push-Cart  
   Vehicle with prepackaged PHF/TCS only  
   Other (describe): \_\_\_\_\_

Name, Address, Telephone Number for the Commissary Area:

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Describe the location of the MFE in relation to the Commissary Area.

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Locations, Days and Approximate Times the MFE will stop to service its customers:

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Anticipated Number of Meals/Servings per Day: \_\_\_\_\_

Name, Id Number, and Expiration Date of FSSM representing the MFE:

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List ALL food and beverage items to be prepared and/or served at the MFE. Attach a separate sheet (menu) if necessary. (Note: Any changes to the menu must be approved by the Tazewell County Health Department prior to their service): \_\_\_\_\_

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List all food and beverage items to be prepared at the Commissary Area.

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Identify the sources for all food items. Include the source for the ice.

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List the equipment and procedures that will be used at the MFE to maintain temperatures of PHF/TCS foods: \_\_\_\_\_

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Specifically identify how ready-to-eat foods will be protected from raw foods of animal origin during storage, transportation, preparation by food workers, and cooking at the MFE:

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How will food and related items that are not temperature sensitive (paper products, utensils, etc.) be stored at the MFE. \_\_\_\_\_

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Describe the location and set-up of the hand washing facility to be used at the MFE.

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Identify the source of the potable water supply and describe how water will be provided to the MFE. If a non-public water supply is to be used, provide the results of the most recent water tests. \_\_\_\_\_

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Identify how, how often, and how much water will be provided to the MFE.

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Specify the location, number and volume of any potable water tanks to be used. Describe the procedures for cleaning and refilling the tanks.

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Identify that location, source, and capacity of the hot water supply for the MFE.

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Describe where utensil washing will take place. Describe where supplies of clean utensils will be stored. \_\_\_\_\_

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Identify which sanitizer will be used at the MFE, its intended concentration, and where they will be stored. \_\_\_\_\_  
\_\_\_\_\_

Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed of. Specify the volume and location of the wastewater collection vessels and the procedures for emptying the tanks. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify the restroom facilities for the MFE workers. \_\_\_\_\_  
\_\_\_\_\_

Describe the number and location of garbage containers at the MFE. When and how are these containers emptied? \_\_\_\_\_  
\_\_\_\_\_

Describe the structure of the MFE (floors, walls, ceiling, and work surfaces).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how electricity, gas, propane, and other utilities will be provided to the MFE.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any information about the MFE and Commissary Area that needs to be considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Tazewell County Health Department may nullify final approval.

Signature(s):

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Printed name(s) above: \_\_\_\_\_

Date of Submission:

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# Attachment A

## Floor Layout – Commissary Area

In the following space, provide a scaled plan layout of the Commissary area. Identify and describe all equipment including cooking equipment and hot and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, utility or mop sink, restrooms, food and single service storage, garbage containers, the potable water supply, waste water disposal system at the Commissary area.

# Attachment B

## Floor Layout – Mobile Food Establishment

In the following space, provide a scaled plan layout of the MFE. Identify and describe all equipment including cooking equipment and hot and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.