DEPARTMENT OF
PUBLIC HEALTH
AND WELLNESS

Mobile Food Unit Application

For office use only:
Commissary required ☐ Yes ☐ No
Health Authority: _____
Title: _____Date: _____

Date: _____

Food Truck name: _____

Name of person submitting request: _____Title:_____

Owner Address: _____

Contact number: _____ Contact email: _____

PLEASE CHECK ALL THAT APPLY

☐ Purchase food supply in bulk?	☐ Does the food operation involve a complex process? Receive – Store – Prepare – Cook – Cool – Reheat – Hot Hold – Serve
☐ Prepare food in large quantities for next day service?	☐ A preparation process that takes more than 4 hours?

What do you use for your potable water supply? _____

Where do you dispose of your gray water/fryer oil waste? _____

Where is the mobile food truck stored when it is not in use?_____

Do you serve undercooked items? _____

List all equipment and utensils that must be washed, rinsed and sanitized:

_____
_____
_____
_____

Facility Operations:
Days per week (specific days)? _____
Hours of operation? _____
Location of operations, include an address, cross street or landmark: (attach sheet if necessary)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Please attach a list of all menu items for review.