

# TANEY COUNTY HEALTH DEPARTMENT

## MOBILE FOOD VENDOR APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



Application must be completed and submitted to TCHD a minimum of 10 days prior to opening.

### BUSINESS CONTACT INFORMATION

Name of Mobile Vending Business:		
Owners Name:	Owners Phone:	Date:
Owners Mailing Address:		Operating Dates: _____ through _____
Owners Email:		
Alternative Contact:	Phone:	Will mobile vending unit be used for any temporary events during 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of mobile vending unit: <input type="checkbox"/> Food Truck <input type="checkbox"/> Enclosed Trailer <input type="checkbox"/> Vending Cart <input type="checkbox"/> Other: _____		
Plans/applications have been submitted to the following authorities on the following dates: _____ City of Branson _____ City of Hollister _____ County Planning & Zoning		<i>If your establishment is in the county, please contact your fire department regarding a fire inspection.</i> <i>Western: 417-334-3440</i> <i>Central: 417-337-8311</i> <i>Forsyth: 417-546-3074</i>
Hours of Operation:		
<input type="checkbox"/> Monday	_____ am/pm to _____ am/pm	Location: _____
<input type="checkbox"/> Tuesday	_____ am/pm to _____ am/pm	Location: _____
<input type="checkbox"/> Wednesday	_____ am/pm to _____ am/pm	Location: _____
<input type="checkbox"/> Thursday	_____ am/pm to _____ am/pm	Location: _____
<input type="checkbox"/> Friday	_____ am/pm to _____ am/pm	Location: _____
<input type="checkbox"/> Saturday	_____ am/pm to _____ am/pm	Location: _____
<input type="checkbox"/> Sunday	_____ am/pm to _____ am/pm	Location: _____
<b>LOCATION(S)</b>		
Site 1 Address:		Property Owner Name & Phone:
Description of Site:		
Site 2 Address:		Property Owner Name & Phone:
Description of Site:		

<b>Site 3 Address:</b>	Property Owner Name & Phone:
Description of Site:	
<b>Site 4 Address:</b>	Property Owner Name & Phone:
Description of Site:	
I have attached written permission from each property owner to use their property for my mobile vending. <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, application cannot be approved until documentation of permission is received by the health department)	
<b>PLEASE ENCLOSE ALL APPLICABLE DOCUMENTS:</b>	
<ul style="list-style-type: none"> <li>✓ Proposed menu</li> <li>✓ Site plan showing location of mobile vending unit on property, seating area, and any outside equipment</li> <li>✓ Plan drawn to scale of food establishment showing location of equipment and plumbing</li> <li>✓ Equipment schedule</li> </ul>	
<b>FOOD EMPLOYEE INFORMATION</b>	
<b>Documentation showing all food employees have completed food safety training must be kept in the mobile vending unit at all times.</b>	
<ul style="list-style-type: none"> <li>○ Please indicate all employees that have documented food safety training: Total number of employees: _____    Number of certified food managers: _____    Number of certified food handlers _____</li> <li>○ Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>	
<b>FOOD SUPPLIES</b>	
<ul style="list-style-type: none"> <li>○ Are all food supplies, including ice, from an approved source?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>○ Will all food purchased be stored in mobile vending unit?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>○ If no, where will food be stored outside of the mobile vending unit? _____ _____</li> <li>○ Are bulk food containers constructed of food grade materials?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>	
<b>FOOD PREPARATION REVIEW</b>	
<b>All food and beverage must be prepared on-site or in an approved kitchen (not a home kitchen). If food will be prepared in advance in an approved kitchen, provide the name and address of the approved kitchen along with a copy of the health permit.</b>	
Check categories of Potentially Hazardous Foods (PHF'S) to be handled, prepared, and served.	
<b>Category*</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Raw meats (hamburger, chicken, seafood)</li> <li><input type="checkbox"/> Pre-cooked potentially hazardous foods</li> <li><input type="checkbox"/> Cut leafy greens, tomatoes, raw garlic in oil mixtures</li> <li><input type="checkbox"/> Unpasteurized shell eggs</li> <li><input type="checkbox"/> Smoked, cured, or special process foods*</li> <li><input type="checkbox"/> Other _____</li> </ul>	
*Submit a HACCP plan for special process foods	
<ul style="list-style-type: none"> <li>○ Will single use gloves be available for handling of ready-to-eat foods?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>○ Will potentially hazardous foods be thawed in mobile vending unit?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>○ If yes, what methods and equipment will be used to thaw food? _____ _____</li> <li>○ Will potentially hazardous foods be cooled in mobile vending unit?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>	

## FOOD PREPARATION REVIEW CONTINUED

- If yes, what methods and equipment will be used to cool food? \_\_\_\_\_  
\_\_\_\_\_
- Will potentially hazardous foods be reheated in mobile vending unit?  Yes  No
- If yes, what methods and equipment will be used to reheat food? \_\_\_\_\_  
\_\_\_\_\_
- Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?  Yes  No
- If no, how will salads made from ingredients at ambient temperature be cooled to 41°F within four hours? \_\_\_\_\_  
\_\_\_\_\_
- Will all produce be washed on-site prior to use?  Yes  No
- Is there a planned location used for washing produce?  Yes  No
- If potentially hazardous foods are prepared in advance in an approved kitchen, how will foods be kept less than 41°F or above 135°F during transportation? \_\_\_\_\_  
\_\_\_\_\_

## COLD STORAGE

- Will raw meats be stored in the same refrigerators and freezers with ready-to-eat food?  Yes  No
- If yes, how will cross-contamination be prevented? \_\_\_\_\_  
\_\_\_\_\_
- Does each refrigerator/freezer have a thermometer to measure ambient air temperature?  Yes  No
- Does mobile vending unit have enough cold holding storage space to accommodate one full business day?  Yes  No

## COOKING

Check the types of cooking equipment available in mobile vending unit:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Inside grill      | <input type="checkbox"/> Inside smoker  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Outside grill     | <input type="checkbox"/> Outside smoker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fryer(s)          | <input type="checkbox"/> Microwave      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Probe thermometer |   |                                       |

## WATER SUPPLY

- Is water supply public or private?  Public  Private
- If private, has source been approved?  Yes  No If yes, attach recent copy of bacteriological test results.
- Is a backflow preventer in place?  Yes  No
- Does mobile unit have a food grade hose that is used only for conveying potable water?  Yes  No
- Will tank, pump and hoses be flushed and sanitized before use?  Yes  No
- Does the water supply tank inlet have a protective cover or device?  Yes  No
- What is the capacity of the water supply tank? \_\_\_\_\_gallons
- What is the capacity of the liquid waste retention tank? \_\_\_\_\_gallons
- What is the capacity of the water heater? \_\_\_\_\_gallons

### HANDWASHING FACILITIES

- Is there a handwashing sink available in the mobile vending unit?  Yes  No
- Is hand cleanser and hand drying facilities available at all handwashing sinks?  Yes  No
- Is hot and cold running water under pressure available at each handwashing sink?  Yes  No
- Is a handwashing sign posted at each handwashing sink?  Yes  No

### DISHWASHING FACILITIES

- Does the mobile vending unit have a three compartment sink?  Yes  No
- If no, how and where will utensils be cleaned and sanitized? \_\_\_\_\_  
\_\_\_\_\_
- Are test papers and/or kits available for checking sanitizer concentration?  Yes  No
- Type of sanitizer used:  Chlorine  Quaternary Ammonia  Iodine  Other: \_\_\_\_\_

### SEWAGE DISPOSAL

- Will mobile unit be connected to a municipal sewer?  Yes  No  NA
- Does mobile unit have a grease recovery unit?  Yes  No
- If no, where will liquid waste be disposed? \_\_\_\_\_

### GARBAGE AND REFUSE

- Do all waste containers have lids?  Yes  No
- Does mobile vending unit have access to the dumpster on property?  Yes  No
- If no, where will garbage/refuse be disposed? \_\_\_\_\_

### GENERAL

- Will all outside doors be self-closing and rodent proof?  Yes  No
- Are screen doors provided on all entrances left open to the outside?  Yes  No
- Do all operable windows have a minimum #16 mesh screening?  Yes  No
- Will air curtains be used?  Yes  No  NA  
If yes, where? \_\_\_\_\_
- Does mobile vending unit have a generator or back up power source?  Yes  No

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Owner(s) or Responsible Representative(s) Date: \_\_\_\_\_

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

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

Inspector Signature