

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

NEW MOBILE UNIT PLAN REVIEW APPLICATION

This application must be completed and submitted to CCBH for review prior to operating a mobile unit. Remember that you must contact your CCBH representative if you make any equipment or menu changes after your mobile unit is approved.

Name of mobile:

Mobile Address (Business Address/Commissary location):

Vehicle License Plate Number:

Name of Owner/Operator:

Telephone & email:

Please identify what type of mobile you are operating:

- Knock-down mobile
- Pre-Packaged, Non-perishable Push-Cart
- Push-Cart
- Self-Sufficient Vehicle or Trailer
- Vehicle or Trailer that is not Self-Sufficient (electrical or water hookups needed)

FOOD HANDLING

Please list all of the food items that you will be preparing and serving (including toppings and beverages):

Please identify all sources for food items, including your ice supplier:

If you are storing or preparing food at a location other than the mobile unit, please complete the following:

Address of storage/preparation location:

ODA registration information:

Please identify which activities will be conducted on the mobile unit (select all that apply):

- Thawing/defrosting frozen food
- Slicing produce
- Cooling and reheating food
- Serving raw or undercooked food
- Cooking food

Please describe how you will monitor food temperatures:

UTILITIES

Please describe how/where trash will be disposed:

Please describe your power source (select all that apply):

- Portable generator
- Propane
- Electrical outlets provided by venue
- Other: _____

PLUMBING

Mechanical plumbing with warm running water is required. Plumbing fixtures may include handwashing sinks, 3-compartment ware-washing sinks, food preparation sinks.

Number/location of designated hand washing sinks: _____

Please identify the source of your clean/potable water supply (select all that apply):

- Food grade hose connection
Type of hose (ex. NSF 61): _____
- Holding tank on mobile unit
How will tank be filled: _____
- Other: _____

Please identify the method of disposing waste water (select all that apply):

- Waste hose to sanitary sewer at venue
- Holding tank on mobile unit
Where will holding tank be emptied: _____
- Other: _____

Please specify the type of backflow prevention valve (must be installed at water source inlet):

- ASSE-1011
- ASSE-1024
- Other: _____

Please describe the source of hot water for all plumbing fixtures:

- Hot water tank on unit
Gallons: _____
- Instant hot water heater (tankless)

Please specify the method of washing, rinsing, and sanitizing equipment:

- 3-compartment sink on unit
- Dish machine on unit
- Other: _____

Identify the *food contact surface* sanitizer to be used

- Quaternary Ammonium (with test strips)
- Chlorine (with test strips)
- Other: _____

EQUIPMENT

All equipment must be commercial-grade and recognized by listing agency such as National Sanitation Foundation (**NSF**), Intertek Sanitation Testing Services (**ETL-Sanitation**), or UL Sanitation (**UL-SAN, or UL-EPH**). **Equipment designed for household use will not be approved.**

Be sure that all equipment is shown on drawings or your application will not be accepted or processed.

Please complete the equipment table below. Include all equipment used on the mobile unit, including those used for cooking, storage, mixing, hot/cold holding, slicing, etc.

#	Equipment Description	Manufacturer	Model Number
1	Prep top cooler	True	ABC-123

SURFACE FINISH MATERIALS

All surfaces must be smooth & easily cleanable. Please list the surface material used in your mobile, including any outdoor food prep areas:

Flooring	
Ceiling/overhead structure	
Wall finish	
Base Coving	
Countertop finish	
Cabinet/shelving finish	

OPERATION

Please list the Ohio communities in which you will operate your mobile unit.

**Some cities may have additional operating permits and requirement. Please contact local communities for details and guidance.*

Please list the names of the Person(s) in Charge during hours of operation

IDENTIFICATION

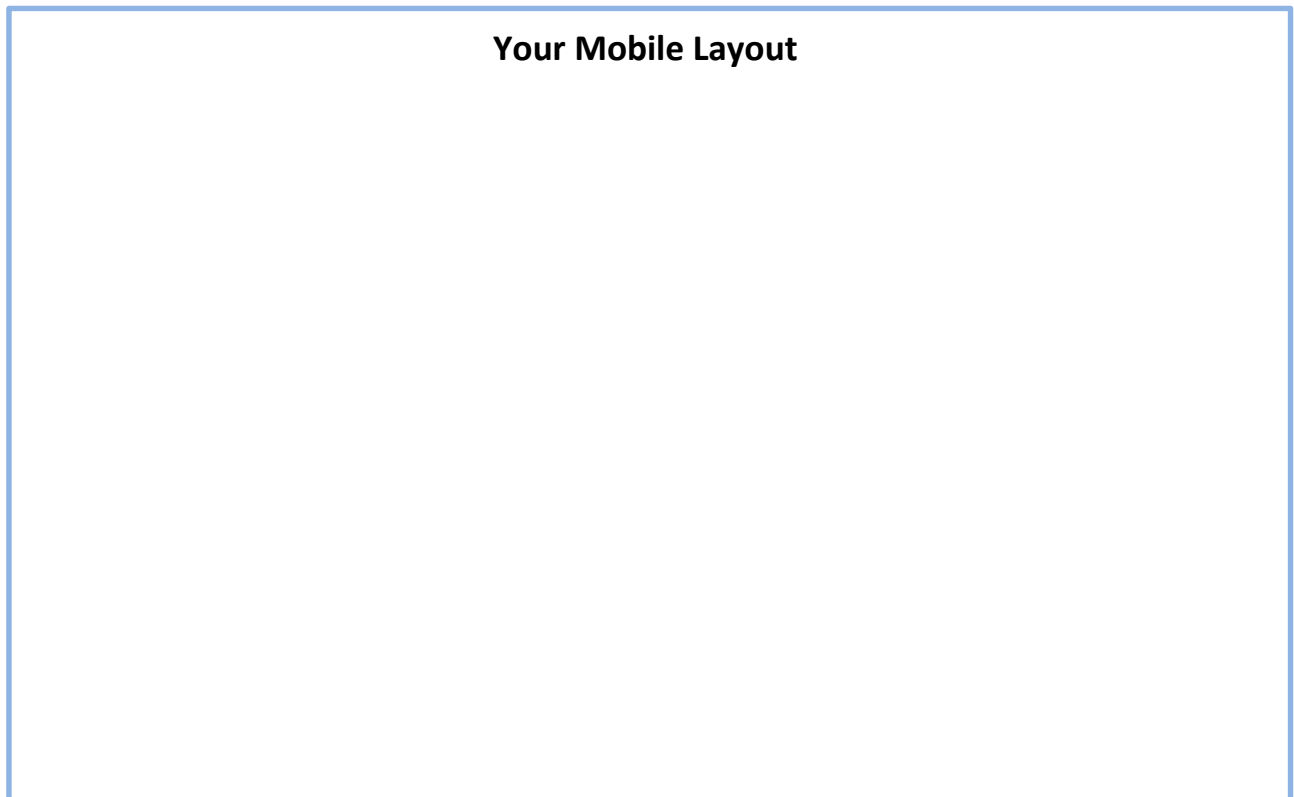
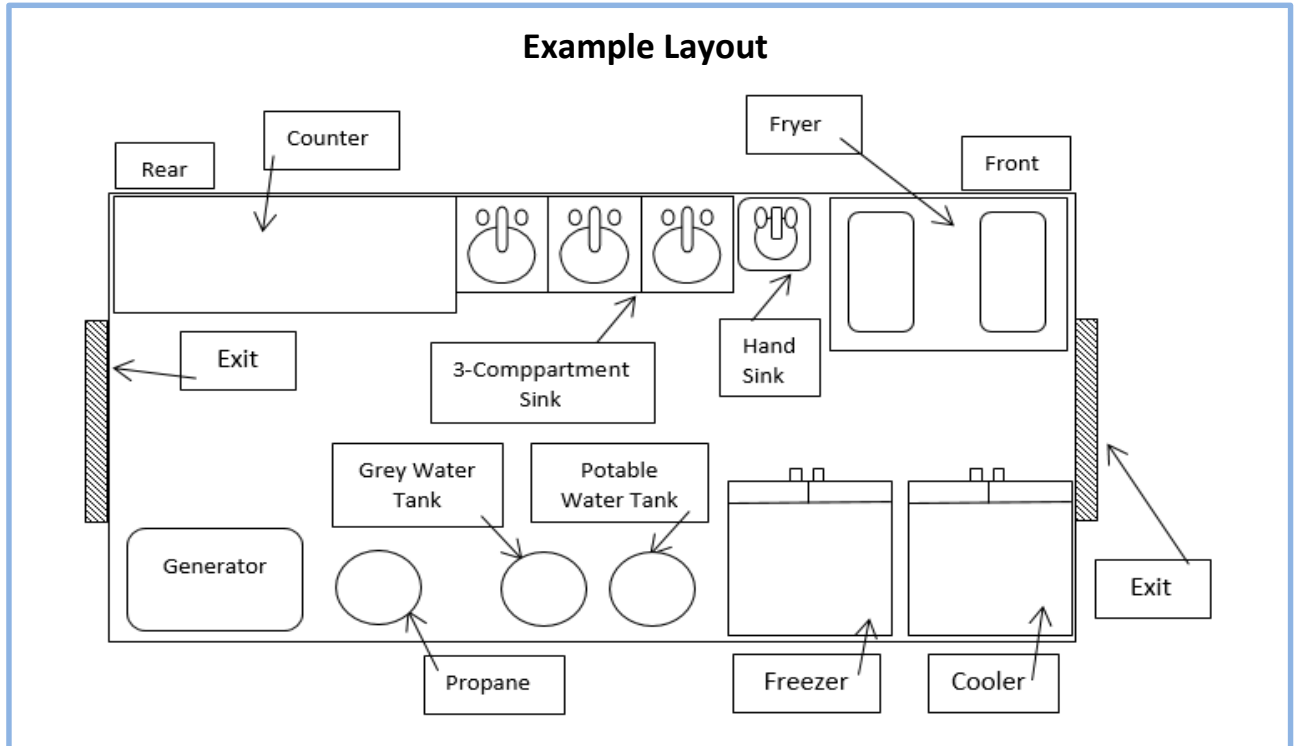
Your mobile unit must be clearly identified when it is in use. The following items must be visible at all times when operating:

- Name of operation
- City of origin
- Zip code
- Phone number

Lettering is required to be a minimum of 3" high by 1" wide

LAYOUT OF MOBILE UNIT

Please provide a full layout drawing of your mobile unit, including any outdoor food preparation areas, equipment, plumbing, storage, etc.



LICENSING

Prior to the operation of a mobile unit in our jurisdiction, the following steps must be completed:

1. Complete and submit this plan review application to CCBH for review and approval.
2. Once you receive plan approval, submit a license application with license fee (\$272.00) to CCBH by cash, check or money order. You can drop off the fee at our office or mail in your payment. PLEASE DO NOT MAIL CASH.
3. Call CCBH to schedule a final inspection. When you call to make the appointment, you will receive instructions so that you have everything you need for the inspection.

Whenever your mobile unit is operating after being approved, you must always post the original mobile license with the CCBH-approved drawing. There are no exceptions to this rule.

Remember that you must contact your CCBH representative if you make any equipment or menu changes after your mobile unit is approved.

STATEMENT FROM APPLICANT

Approval of these plans and specifications by CCBH does not indicate compliance with any other federal, state or local code, law, or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed mobile unit structure or equipment. A pre-opening inspection of the mobile unit with equipment in place and fully operational will be necessary to determine if the mobile unit complies with the governing local and state laws.

I hereby certify that the above information is correct. I fully understand that making any change from the above information without prior permission from CCBH may prevent my application from being approved.

Applicant Signature: _____ **Date:** _____

SUBMIT COMPLETED APPLICATIONS TO: Cuyahoga County Board of Health
5550 Venture Dr.
Parma, OH 44130

***LICENSOR TO COMPLETE BELOW**

Plan Review Application Approved:

CCBH Representative: _____ Date: _____

Restrictions: _____

Plan Review Application Denied:

CCBH Representative: _____ Date: _____

Reason for Denying Application: _____