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ccbh.net

2026 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)

I. FOOD HANDLING

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

- 2. Please identify all sources for food items, including your ice supplier:**

- 3. 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:

- 4. 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

- 5. Please describe how you will monitor food temperatures:**

II. UTILITIES

- 1. Please describe how/where trash will be disposed:**

- 2. Describe your power source (select all that apply):**

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

III. PLUMBING

Mechanical plumbing with warm running water is required. Plumbing fixtures may include handwashing sinks, warewashing equipment, and food preparation sinks.

1. Number & location of designated hand washing sinks:

2. 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 many gallons:* _____
 - *How will tank be filled:* _____
- Other: _____

3. Please identify the method of disposing dirty (non-potable) water (select all that apply):

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

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

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

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

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

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

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

7. Identify the *food contact surface* sanitizer to be used

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

IV. EQUIPMENT

All equipment must be commercial-grade, and recognized by a listing agency such as the 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.

Make and model numbers of equipment are required. Please do not submit equipment serial numbers or write "existing".

Complete the equipment table below unless your submittal already contains one with the same information. Please create a key using numbers or letters in the left column and then use the numbers or letters on the drawing to indicate where the equipment is located. All equipment must be shown on drawings.

V. SURFACE FINISHES

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

Flooring	
Ceiling/Overhead Structure	
Wall Finish	
Base Coving	
Countertop Finish	
Cabinet/Shelving Finish	

VI. OPERATION

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

(Note: Some cities may have additional operating permits and requirement. Please contact your local building and fire department for additional details and guidance.)

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

VII. IDENTIFICATION

Your mobile unit must be clearly identified when it is in use. The following items must be visible at all times when operating. Lettering is required to be a minimum of 3" high by 1" wide:

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

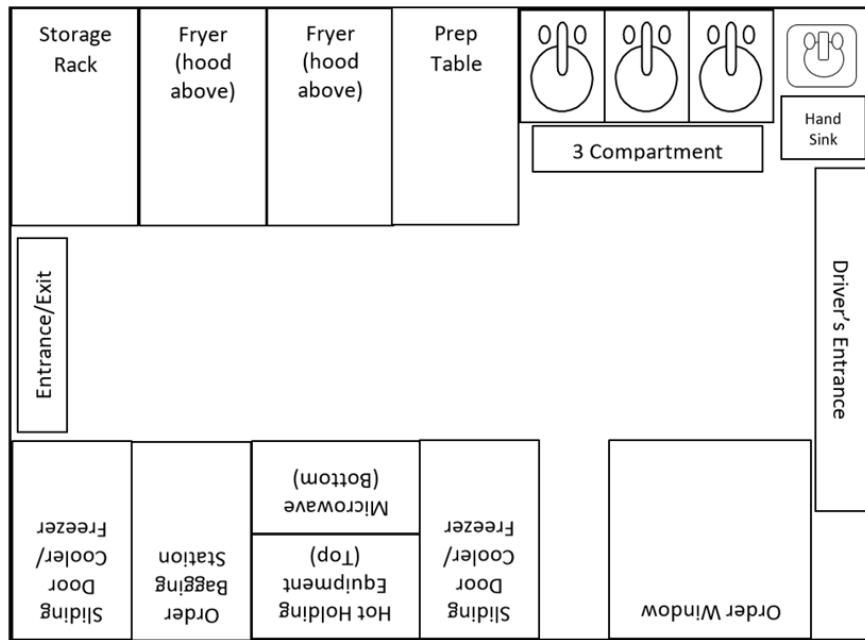
Will your facility be in compliance with the requirements for identification and lettering size requirements as described above? Please check the appropriate box:

Yes No

VIII. LAYOUT OF MOBILE UNIT

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

Example Layout:



Your Mobile Layout:

IX. DETERMINING RISK LEVEL AND FEES

Will your facility be performing any of the following activities (Check Yes or No for each)?

Will you be hot holding foods?

Yes No

Will you be cooking foods?

Yes No

Will you be preparing or handling unpackaged food or beverages?

Yes No

Will you be opening and re-portioning packaged food?

Yes No

If you answered YES to ANY of the questions above, your mobile is a HIGH RISK unit and the license fee is \$408.00

If you answered NO to ALL of the questions above, your mobile is a LOW RISK unit and the license fee is \$218.00

X. FOOD SAFETY EDUCATION

Ohio Administrative Code 3701-21-25 requires a person in charge to be present during all hours of operation on high risk mobiles. The person in charge must obtain an Ohio Department of Health approved certification as a Person-In-Charge (Level I).

Ohio Department of Health Manager Certifications (Level II) are also acceptable in lieu of the Person-In- Charge (Level I) Certification.

Will your facility be in compliance with the requirements for education as described above? Please check the appropriate box and ensure copies of certificates are turned in for review.

Yes No

XI. 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 Cuyahoga County Board of Health for review and approval. There is no fee for plan review. The application may take up to 30 days to be reviewed. Plan approval is given when all necessary information has been obtained. Plan approval will be sent via email.
2. Once you receive plan approval, submit a license application with license fee (\$408.00 or \$218.00) to Cuyahoga County Board of Health by cash, check or money order. You can drop the fee off at our office or mail in your payment. PLEASE DO NOT MAIL CASH.
3. Call Cuyahoga County Board of Health to schedule a final inspection. Contact information for the specialist assigned to your area will be provided in the approval email. When you call to make the appointment, you will receive detailed instructions so that you have everything you need for the inspection.

During operation, the original mobile license with the approved drawing must be posted. There are no exceptions to this rule.

Contact your assigned specialist if you make any equipment or menu changes after your mobile unit is approved.

XII. STATEMENT FROM APPLICANT

This application is complete and accurate to the best of my knowledge. I am submitting a complete plan review application, complete menu, food safety certifications, and drawing of the mobile unit as required above. I understand that it may take up to 30 days for review. I understand that as a new mobile- or an existing mobile undergoing remodeling- that the plan review process requires my mobile to meet all current code requirements. I also understand that I must complete all work, pass inspections from the city, and pass a pre-licensing inspection with Cuyahoga County Board of Health prior to being permitted to operate my business.

I understand that incomplete plans or making changes to the mobile without permission may prevent my application from being approved and cause delays in operation.

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:** _____

Mobile License Type (FSO/RFE): _____

Mobile License Risk Level (Low/High): _____

Restrictions: _____

Plan Review Application Denied:

CCBH Representative: _____ **Date:** _____

Reason for Denying Application: _____