



# **NEW MOBILE FOOD ESTABLISHMENT**

## **PERMIT APPLICATION PACKET**

**In order to be permitted as a mobile food establishment, you must have a vehicle, trailer, or cart that meets one of the following definitions. Please note that you may be required to obtain permission from Zoning for site locations.**

### **TYPES OF MOBILE FOOD ESTABLISHMENT UNITS**

**Self Sufficient Vehicle or Trailer:** These units are capable of preparing PHF/TCS and non-PHF/TCS foods, cooking, hot and cold storage, dry storage, utensil washing, hand washing, etc. on the unit. The unit has a self-contained potable water supply and a wastewater storage system.

**Vehicle or Trailer that is NOT Self-Sufficient:** These units are capable of dispensing hot and cold PHF/TCS and non-PHF/TCS foods. They may be capable of hot and cold holding of PHF/TCS foods, but may not have the facilities to cook or reheat food. These units have hand washing facilities, a potable water supply, and containment of wastewater. They may not have utensil washing facilities. The servicing area may have to be used for cooking, re-heating food for hot-holding, cold and frozen food storage, dry goods storage, utensil washing, washing the MFE unit, access to potable water, and the disposal of wastewater and garbage because this type of MFE may not have the facilities for conducting these activities.

**Push Cart:** These units are not self-propelled and must be hauled by a vehicle or pushed to move them from one location to another. These types of units offer limited PHF/TCS and non PHF/TCS foods. The units must be designed to safely serve designated food items from the units. These units usually have accessory components such as coolers with ice for cold holding PHF/TCS foods. Hand washing stations must be built into the cart unless a potable hand washing station is allowed by the Regulatory Authority. Potable water must be available for food use and for hand washing. A waste water containment system must be available and used. A servicing area must be available and used for cold and frozen food storage, dry goods storage, single-service/single-use storage, utensil storage, utensil washing, cart washing, access to potable water, and the disposal of wastewater and garbage.

**Please only complete this application if you meet one of the above definitions!**

**If this is your first application on record with Jefferson County as a Mobile Unit under this name, please complete this entire packet.**

**If your PRIOR Mobile Permit has been expired for 6 months or longer, please complete this entire packet.**

### **PLAN REVIEW - Check list**

Please be sure you have included all the following prior to submitting.

- Plan Review (below) – Due at least 45 days prior to desired opening date.
- Required Documentation Page
- Copy of Food Handlers Cards for person(s) listed on the Required Documents page.
- Copy of Certificate(s) for all person(s) listed as ANSI/CFPM certified on the Required Documents page
- Plan Review Fee of \$125.00 – see Payment Form (page 16)

#### **PLEASE NOTE:**

- Plan Review packet and payment are due at least 45 days prior to desired opening.
- Incomplete packets or packets without payment – will be returned.

# Required Documentation

## ANSI/Certified Food Protection Manager

Jefferson County requires at least one CFPM to be on site during all hours of operation at all food establishments unless only commercially prepackaged food is handled and sold. You must have at least one CFPM prior to opening your establishment. Below is the link for a list of ANSI Accredited CFPM courses:

<https://anabpd.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?prgID=8&statusID=4>

**Please Provide below – a list of those individuals with a current ANSI/CFPM Certificates.**

**Those holding a ANSI/CFPM are not required to obtain a food card.**

**You must send a copy of non-expired ANSI/CFPM certificates for each person listed below.**

First and Last Name of ANSI/CFPM	First and last name of ANSI/CFPM

# Required Documentation (continued)

## Food Handler Cards

Per the Jefferson County Board of Health, every employee serving, storing, or selling potentially hazardous foods or working with unpackaged food, food equipment, or utensils, or food contact surfaces in an establishment that is required to have a food establishment permit, including temporary food vendors - must have a food handler's card, issued by the Jefferson County Health Department or a WV State food handler's card. Food cards must be obtained prior to submitting this application. Please note those holding current ANCI/CFPM certifications are not required to obtain a food card.

Instructions on how to obtain a Food Handler's Card can be found on the link below.

<https://www.jchdww.org/food-safety/food-handlers-cards/>

**Please Provide below - a list of food handlers that meet the above listed guidelines (anyone serving, storing, packaging, or handling).**

You must send a copy of non-expired food handlers' card for each person listed below.

First and Last Name of Food Handlers	First and Last Name of Food Handlers

**MOBILE FOOD ESTABLISHMENT**  
**PLAN REVIEW FOR FOOD LICENSE**

Instructions:

This application must be completed to the best of your ability and submitted to the Jefferson County Health Department for review prior to operating a Mobile Food Establishment (MFE). **This plan review is required to be received by the Health Department at least 45 days prior to construction or operation.**

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

Name of MFE: \_\_\_\_\_

Name and Address Printed on the MFE (For Customer Identification)

\_\_\_\_\_  
\_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of MFE (circle one):    Self-sufficient Vehicle or Trailer  
   Vehicle or Trailer that is not Self-sufficient  
   Push-Cart  
   Pre-Packaged, Non-TCS Push-Cart  
   Other (describe): \_\_\_\_\_

Name, Address, Telephone Number for the Servicing Area

\_\_\_\_\_  
\_\_\_\_\_

Describe the location of the MFE in relation to the Servicing Area

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

List the name of the Person in Charge who will be present at the MFE during its hours of operation:

\_\_\_\_\_

List the name of the Person in Charge who is responsible for the operation of the Servicing Area:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

List All of the food and beverage items to be prepared at the Servicing Area.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Will all foods be prepared at and stored on the MFE?

YES Complete Attachment D, Food Preparation at the MFE

NO Complete Attachment B, Food Preparation at the Servicing Area and Attachment D, Food Preparation at the MFE and describe how the food will be transported to the MFE.

How will food temperatures be monitored at the MFE? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. Specify the location, number, and volume of the potable water tanks to be use. Describe the procedures for cleaning and refilling the tanks. \_\_\_\_\_

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Identify the 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 extra supplies of clean utensils will be stored.

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Identify which sanitizer(s) will be used at the MFE and where they will be stored.

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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 collections vessels and the procedures for emptying the tanks. \_\_\_\_\_

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Identify the location of toilet facilities for the MFE workers: \_\_\_\_\_

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Describe the number, location, and types of garbage disposal containers at the MFE.

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Identify how, when, and where the garbage disposal containers will be emptied.

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Describe the structure of the MFE (floors, walls, overhead protection, surfaces, and general facilities for food protection). \_\_\_\_\_

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

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Please add any information about the MFE and Servicing Area that should be considered.

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

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

Printed Name(s): \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Approval of these plans and specifications by the Jefferson County Health Department does not indicate compliance with any other code, law, or regulation that may be required (federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed MFE (structure or equipment). A pre-opening inspection of the MFE with equipment in place and operation will be necessary to determine if it complies with the local and state laws governing MFEs.

Jefferson County Health Department Representative: \_\_\_\_\_

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

Restrictions: \_\_\_\_\_

\_\_\_\_\_

Permit Effective Dates: \_\_\_\_\_

Disapproval Date: \_\_\_\_\_

Reasons for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Attachment A

### **Floor Layout – Servicing Area**

In the following space, provide a scaled plan layout of the Servicing Area. 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, the potable water supply, and waste water disposal system at the Servicing Area.

**Attachment B**

List each food item and its preparation procedures that will take place at the Servicing Area.

<b>FOOD</b>	<b>THAW</b> How? Where?	<b>CUT/WASH/ ASSEMBLE</b> How? Where?	<b>COLD HANDLING</b> How? Where?	<b>COOK</b> How? Where?	<b>COOLING</b> How? Where?	<b>REHEATING</b> How? Where?

## Attachment C

### **Proposed 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, worktables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.

**Attachment D**

**Food Preparation at the MFE**

List each food item and its preparation procedures that will take place on the MFE.

<b>FOOD</b>	<b>THAW</b> How? Where?	<b>CUT/WASH/ ASSEMBLE</b> How? Where?	<b>COLD HANDLING</b> How? Where?	<b>COOK</b> How? Where?	<b>COOLING</b> How? Where?	<b>REHEATING</b> How? Where?	<b>COMMERICAL PRE- PACKAGED ITEM</b>

## Appendix II

### **FDA Food Code Mobile Food Establishment Matrix**

This table is a plan review and inspectional guide for mobile food establishments based on the mobile unit's menu and operation. Mobile units' range in type from push carts to food preparation catering vehicles.

To use the table, read down the columns based on the menu and operation in use. For example, if only prepackaged potentially hazardous food (time/temperature control for safety food) is served, then requirements listed in the **Potentially Hazardous (TCS) Menu – Prepackaged** column apply. Likewise, if only food that is not potentially hazardous (time/temperature control for safety food) is prepared on board, then requirements listed in the **Not Potentially Hazardous Menu (TCS) – Food Preparation** column apply. Note that if a mobile food establishment has available for sale to the consumer both prepackaged potentially hazardous food (time/temperature control for safety food) and potentially hazardous food (time/temperature control for safety food) prepared on board, then the more stringent requirements of the **Potentially Hazardous (TCS) Menu – Food Preparation** column apply.

It is important to remember that mobile units may also be subject to all Food Code provisions that apply to food establishments. Consult the local health department for specific local requirements.

The local health department decision to require auxiliary support services such as a commissary or servicing area should be based on the menu, type of operation, and availability of on-board or on-site equipment.

NOTE: The Food Code definition of "Food Establishment" does not include an establishment that offers only prepackaged foods that are not potentially hazardous (time/temperature control for safety foods).

<b>FDA FOOD CODE MOBILE FOOD ESTABLISHMENT MATRIX</b>			
<i>Food Code</i>	<i>Potentially Hazardous Food (TCS food) Menu</i>	<i>Not Potentially Hazardous Food (TCS Food) Menu</i>	
<i>Area/Chapter</i>	<i>Food Preparation</i>	<i>Prepackaged</i>	<i>Food Preparation</i>
<b>Personnel</b>	<b>Applicable Sections of Parts 2-2 - 2-4 5-203.11 (C)</b>	<b>Applicable Sections of Parts 2-2 – 2-4 5-203.11 (C)</b>	<b>Applicable Sections of Parts 2-2 – 2-4 5-203.11 (C)</b>
<b>Food</b>	<b>3-101.11 3-201.11-.16 3-202.16; Applicable Sections of Part 3-3; 3-501.16 3-501.18 (A)</b>	<b>3-101.11 3-201.11-.16 3-303.12 (A) 3-501.16 3-305.11; 3-305.12 (Applicable to Service Area or Commissary)</b>	<b>3-101.11;3-201.11 3-202.16;Applicable Sections of Part 3-3</b>
<b>Temperature Requirements</b>	<b>3-202.11; Applicable Sections of Parts 3-4 &amp; 3-5</b>	<b>3-202.11 3-501.16</b>	<b>NONE</b>

<b>Equipment Requirements</b>	<b>Applicable Sections of Parts 4-1 – 4-9 and 5-5</b>	<b>Applicable Sections of Parts 4-1 – 4-2; 4-6 and 5-5</b>	<b>Applicable Sections of Parts 4-1 – 4-2; 4-5 – 4-6 and 5-5</b>
<b>Water &amp; Sewage</b>	<b>5-104.12 5-203.11(A) &amp; (C) Part 5-3; 5-401.11 5-402.13-.15</b>	<b>5-104.12 5-203.11(A) &amp; (C) Part 5-3; 5-401.11 5-402.13-.15</b>	<b>5-104.12 5-203.11(A) &amp; (C) Part 5-3; 5-401.11 5-402.13-.15</b>
<b>Physical Facility</b>	<b>6-101.11;6-201.11 6-102.11(A) &amp; (B) 6-202.15; 6-501.11 6-501.12; 6-501.111</b>	<b>6-101.11 6-102.11 (A) &amp; (B) 6-202.15 6-501.11</b>	<b>6-101.11;6-201.11 6-102.11(A) &amp; (B) 6-202.15; 6-501.11 6-501.12; 6-501.111</b>
<b>Toxic Materials</b>	<b>Applicable Sections of Chapter 7</b>	<b>Applicable Sections of Chapter 7</b>	<b>Applicable Sections of Chapter 7</b>
<b>Servicing</b>	<b>6-202.18 / As necessary to comply with the Food Code</b>	<b>6-202.18 / As necessary to comply with the Food Code</b>	<b>6-202.18 / As necessary to comply with the Food Code</b>
<b>Compliance and Enforcement</b>	<b>Applicable Sections of Chapter 8 and Annex 1</b>	<b>Applicable Sections of Chapter 8 and Annex 1</b>	<b>Applicable Sections of Chapter 8 and Annex 1</b>



## PAYMENT FORM

### Paperwork and Payment Submission:

Applications and payments should be submitted together via email, mail, or dropped in our lock box outside the back door marked Environmental.

### Payment Options:

**Check Payments:** Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check. Mail to the address above or drop in the lock box outside our back door. Please be sure to include a return address or email so we may send a receipt to you.

**Credit Card Payments:** Please complete the credit card section below. You may send the completed form via the email, mail, or drop in the lock box outside our back door. If your email is rejected, simply take a photo of this form, and send it as an attachment. We cannot take credit card payments over the phone.

Email to: [Patti.J.Richardson@wv.gov](mailto:Patti.J.Richardson@wv.gov)

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### Credit Card Payment:

**Please note: We are unable to process American Express**

Card Holder Name: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_



## **FINAL STEP**

**Once we receive your plan review packet, we will send you an invoice for the fees that are due for your Permit to Operate. You will then proceed with the below steps.**

### **PERMIT TO OPERATE (SF-5) - Check List**

Please be sure you have included all the following prior to submitting.

- Completed application SF-5 (page 18)– Due at least 30 days prior to desired opening date
- Payment for your permit. This is the recent invoice sent to you. If paying by credit card you may use the form on page 16.



**APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT**

**Food Establishment:** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing \_\_\_\_\_

Location \_\_\_\_\_ Hours of \_\_\_\_\_

**Applicant:** \_\_\_\_\_ Age ≥ 18?  Yes  No Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing \_\_\_\_\_ Email \_\_\_\_\_

**Permit Holder:** Permit to be issued to:  Applicant  Corporation  Partnership  Other \_\_\_\_\_

**Ownership:**  Individual  Association  Corporation  Partnership  Other Legal \_\_\_\_\_

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Directly Responsible for Establishment (Manager, Person-In-Charge):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Type Establishment:**  Mobile or  Stationary  Permanent or  Temporary ( ≤ 14 days)

**Restaurant** - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.

**Retail Food Store** - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations: \_\_\_\_\_

**Retail Food Store Specialty Department** - deli, bakery, seafood, etc.

**Institution** - child care center, hospital, jail, nursing home, personal care home, school, etc.

**Bar or Tavern**  **Vending Machine(s)**  **Food Bank / Food Pantry**

Meals Provided:  Breakfast  Lunch  Dinner Services Provided:  Sit Down  Take Out  Delivery  Mail Order

Seating Capacity: \_\_\_\_\_ Average number of meals served per day: \_\_\_\_\_

Yes  No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

**Type Operation:** Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

**No PHF** Prepackaged non-PHF only or limited preparation of non-PHF

**Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.

**Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**For Health Department Use Only**

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Permit Fee \_\_\_\_\_

Permit  Issued  Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_