



MOBILE FOOD PERMIT RENEWAL PACKET

PLEASE READ ALL INSTRUCTIONS CAREFULLY – Incomplete submissions will be returned.

Email to: Patti.J.Richardson@wv.gov

Mail to: Jefferson County Health Department
ATTENTION: MOBILE Food Permits
1948 Wiltshire Road, Suite 1
Kearneysville, WV 25430

Paperwork and payment submission:

At this time, our offices are closed to walk-ins, however, we are still providing essential public health services.

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 address above or drop in the black lock box outside our back door marked Environmental.

Credit Card Payments: Please complete the section below and return with your packet either via mail, email, or drop it in the black lock box outside of our back door marked Environmental. If you sent via email and it was kicked back, you can take a photo of this form and send as an attachment.

Please note: We are unable to process American Express

Card Holder Name: _____

Account # _____

Expiration Date: _____ **Security Code:** _____

Signature: _____

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!



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 _____

Check list

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

- Completed application (SF-5) – Due at least 30 days prior to desired opening date.
- Required Documentation Page = List of people handling food under your permit.
- 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
- Application Fee of \$125.00 (per year)

If this is your first application on record with Jefferson County as a Mobile Unit under this name or if your prior permit has been expired for 6 months or longer, please complete the following in addition to all the above.

- Plan Review – Due at least 45 days prior to desired opening date.
- Plan Review Fee of \$125.00

PLEASE NOTE:

- Complete application and payment are due at least 30 days prior to renewal date.
- If your packet requires a Plan Review the packet and payment are due at least 45 days prior to desired opening.
- Incomplete packets or packets without payment – will be returned.

Required Documentation

Per the Jefferson County Board of Health, there shall be one person on duty at all times that holds an ANSI/CFPM Certification.

Please list first and last names of those individuals below and include a copy of each person(s) certificate. Those holding a ANSI/CFPM are not required to obtain a food card.

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

Per the Jefferson County Board of Health, every employee serving, storing, or selling potentially hazardous foods or working with unpackaged food, food equipment, utensils, or food contact surfaces in an establishment that is required to have a food establishment permit, must have a food handler's card, issued by the Jefferson County Health Department or a WV State food handlers' card. Please see our website www.jchdvw.org, under food safety/food handlers' cards for the link to the training course and food card. Each employee must obtain the food card prior to turning in this application.

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