Wood County Health Department
Environmental Health

1840 E. Gypsy Lane Road
Bowling Green, OH 43402
419-354-2702
WoodCountyHealth.org

Mobile Plan Review Application

Licensing:
Any facility or unit offering food for sale is required to have a license issued by the Wood County Health Department (3717.41 ORC). If you plan to operate a mobile unit, contact the Wood County Health Department for any questions you may have regarding plan approval or licensing.

Step 1: Submit Plans (prior to construction)

1. Submit the completed Mobile Plan Review Application.
2. Submit the entire layout of the mobile unit. This layout must include:
   - A complete and detailed menu;
   - Location, number and type of plumbing fixtures;
   - Plan of lighting (show exactly on the plans where light fixtures will be and indicate if the lights are shielded);
   - A floor plan showing all fixtures and equipment;
   - List the floor, wall, ceiling surface materials and floor/wall juncture cove material;
   - List equipment with manufacturers and model numbers;
   - The mobile layout should be drawn to scale;
   - Submit entire layout of the mobile unit including any supply trucks, storage, or any additional items outside the mobile unit.

Step 2: Plan Review Process

- Within 30 days after completed plans are submitted, Wood County Health Department will review the plans.
- A letter will be sent informing you that the plans have been denied or approved.
- If the plans were denied, the denied items will need to be corrected and resubmitted.
- Plans approvals expire one (1) year after approval is issued.

Step 3: Construction and Preparation for Opening

- Once the mobile unit is ready to operate, contact Wood County Health Department for a pre-license inspection (419) 354-2702.
- Food safety training is recommended. Food safety knowledge will be required by all food employees. Knowledge of food safety must be demonstrated during all inspections.
- The mobile food license will reflect the layout and menu as submitted to this department.
- Any changes made to your mobile food unit must be submitted in writing to this department.
- All refrigeration equipment must be maintaining a temperature of 41°F or less at the time of the inspection.
- All hot holding equipment must be maintaining a temperature of 135°F or above at the time of the inspection.

Step 4: Obtain mobile license

- Once pre-licensing inspection is completed and all necessary work is done, you may purchase your mobile food service license at the Wood County Health Department. 2018 Mobile fee is $251.15 per licensing period. Fee is changed on an annual basis.
- Mobile food license is only valid for the layout and menu printed on the back of the license issued by this department.
- The current mobile food license must remain on the mobile unit at all times of operation. No copies will be accepted.

Mobile Plan Review Application

Mobile Name:_____

Business Address: _____

Business City/State/Zip Code:_____ Business Phone Number: _____

Mobile Unit Storage Address: _____

Mobile Unite Storage City/Zip code:_____

Primary Contact Person: _____Cell Phone:_____

Contact Person Email: _____

Signature of Owner or Representative: _____Date: _____

Menu

- Attach a menu of items that you will be serving/selling and give a brief description of ingredients.
- Your menu must have a consumer advisory printed on it if you will be serving undercooked animal foods.
- Provide a list of your food suppliers:

_____

_____

_____

_____

Food Preparation Review

How will you prepare produce?
(Check all that apply)

- ☐ No produce will be used or served.
- ☐ All produce will come into the mobile pre-washed and pre-cut.
  (Supply invoice on request)
- ☐ All produce will be prepared in a food preparation sink.

How will employees avoid bare-hand contact with ready-to-eat foods?
(Check all that apply)

- ☐ Disposable Gloves
- ☐ Utensils/Tongs
- ☐ Deli Paper
- ☐ Other _____

Cooling of Temperature Controlled for Safety (TCS) Food

☐ Check box if your mobile will not cool down TCS food.

List all foods that will be cooled. Foods must be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or lower in additional 4 hours. Please indicate below what foods you will cool and how you will cool them.

Food Items	Method of Cooling	Cold Food Storage

Reheating of Temperature Controlled for Safety (TCS) Food

☐ Check box if your mobile will not reheat TCS food.

List all food items that will be reheated. All TCS food must be reheated to a temperature of 165°F for 15 seconds within 2 hours. Please indicate below what foods you will reheat in bulk and how you will reheat them.

Food Items	Method of Reheating	Hot Food Storage

Dry / Extra Storage

Location of Dry/Extra Storage_____

Extra Coolers/Freezers: ☐ Yes ☐ No

Stock Truck: ☐ Yes ☐ No

All food containers must be made of food grade materials. List the type of food containers that will be used:

_____

_____

Utensil, Equipment, & Food Prep Surface Washing/Rinse/Sanitize

3 Compartment Sink (manual dishwashing is required in all mobiles) must be large enough to fit the largest item that has to be washed. NOTE: A commissary 3 compartment sink can be used for the larger pieces of equipment. 3 Compartment Sink details must include:

Dimension of 3 Compartment Sink:

Length _____
Width _____
Depth _____

Size of Drain Boards: _____

What Sanitizer will you be using?

☐ Bleach (5.52%, unscented household)
☐ Quaternary Ammonia
☐ Other_____

How will sanitizer be used on surfaces?

☐ Bucket with reusable cloth
☐ Spray bottles with disposable paper towels.

Be sure to have corresponding test strips:

☐ Chlorine (50-100 ppm)
☐ pHydrion QT-10 (200 ppm)
☐ pHydrion QT-40 (150-400 ppm)
☐ Iodine (25 ppm)

Fresh Water and Waste Water Storage

☐ Water must be from an approved water source.
☐ City Water Supply ☐ Private Water Supply
Size of Fresh Water Tank:_____

☐ Waste water storage tank must be 15% larger than the fresh water storage tank.
Size of Waste Water Tank:_____

☐ Back flow prevention device #1024 is required.
Location of Back Flow:_____

☐ Food grade hoses are required, no garden hoses. Color of Hose (circle one)
Clear / White / Other:_____

☐ Hot water heater is required. Must be large enough to meet peak hot water demand.
Size of Hot Water Heater:_____gallons
_____BTUs

Solid Waste Storage/Removal

Trash must be disposed of properly. All trash receptacles must have a tight fitting lid.

Equipment List

Provide the following information for all food equipment you will use in your mobile unit. All equipment must be commercial grade and approved by a testing agency. Equipment must hold appropriate temperature at the time of pre-licensing inspection. A separate list or specification sheets are acceptable.

Manufacturer	Model Number	Description

Lighting

Light Intensity Levels must be:

- 50 foot candles at surfaces where a food employee is working with food.
- 20 foot candles at surfaces inside equipment, at dishwashing area, & where packaged foods are sold.
- 10 foot candles in dry food storage areas.

Lights must be shielded or otherwise shatter resistant, indicate type of shatter resistant used:

☐ Sleeve over bulb with end caps
☐ LED bulbs used

Interior Finish Materials

All surfaces must be smooth and easily cleanable. Please explain any abbreviations.

Floor Material	Coving Material	Wall Material	Ceiling/Overhead Covering Material
Commercial tile	*Rubber base molding*	*Fiberglass reinforced panel board (FRP)*	*Vinyl coated ceiling tiles*

Mobile Unit Identification

The following information must be clearly printed on the unit with letters at least 3" tall and 1" wide:

- ☐ Company Name
- ☐ City
- ☐ Phone Number (including area code)

Commissary Agreement

Do you plan to use a commissary?

☐ Yes ☐ No

- Name of Commissary_____
- Commissary food service license # _____
- Supply commissary agreement letter with application

FOR OFFICE USE ONLY

- ☐ Date received_____
- ☐ Completed mobile plan review application
- ☐ Mobile unit floor plan
- ☐ Complete mobile food menu

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Commissary Agreement for Mobile Units

Commissary Information:

Name of Business:_____

Address:_____

Contact Person and Phone Number:_____

Business Hours of Operation:_____

Email:_____

Do other mobile food carts/vehicle vendors use this kitchen as a commissary? _____

If so, how many? _____

What equipment will be utilized at the commissary?_____

_____

_____

Mobile Unit/Vendor Information:

Name of Business: _____

Owner/Operator: _____

Address and phone number: _____

Days/Time at Commissary: _____

Email: _____

_____ _____

Commissary License Holder –Printed Name & Title | Commissary License Holder Signature | Date

_____ _____

Mobile Unit License Holder –Printed Name & Title | Mobile Unit License Holder Signature

_____ Application for a License to Conduct a: (check only one)

☐ Food Service Operation
☐ Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application **by*:**

to:

Wood County Health Department
1840 East Gypsy Lane Road
Bowling Green, OH 43402

*There is a mandatory 25% penalty for operating a food service operation or retail food establishment after the deadline, prior to renewing a license (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address			
City		State	ZIP
Phone # ( )	Fax # ( )	Check if applicable ☐ Catering ☐ Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone # ( )	
Address			
City		State	ZIP

I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:

Signature	Date

Licensor to complete below

Category			
License fee	+ Late fee	+ State amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.