Public Health & Social Services Department
Environmental Health Division
3000 Pacific Avenue SE Olympia, WA 98501-8809
Phone (360) 867-2667 Fax (866) 256-2139
TDD Line for the hearing impaired (360) 867-2603
Email: foodapplication@co.thurston.wa.us
Website: www.co.thurston.wa.us/health/ehfood

MOBILE FOOD UNIT APPLICATION

Check Applicable Box:

☐ **New Mobile Food Unit**
☐ **Remodel or Addition**
☐ **Change of Owner, Former Name** _____
☐ **Change of Commissary (Complete Commissary Agreement Form)**

MOBILE FOOD UNIT NAME: _____

Applicant(s) Contact Information:

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____ **Email:** _____

Relation to Project (owner, architect, contractor, etc.): _____

Owner(s) Contact Information: (Check box if this is the same information as owner(s) above ☐)

Owners Name: _____

Owners Mailing Address: _____

Owners Phone Number Home: _____ **Cell:**_____

Owners Email Address (optional): _____

Commissary Information: (Complete Commissary Agreement Form and Verification Forms Provided)

Commissary Name: _____**Parcel#** _____

Commissary Address: _____

Commissary Primary Contact: _____ **Phone Number:** _____

Commissary Sewage Disposal: ☐ **City of** _____ ☐ **Approved On-site Septic System**

Commissary Water Source: ☐ **City of** _____ ☐ **Public Water Supply (Well) ID#** ☐

For Office Use Only

Date Rec'd _____ Fee_____ Receipt_____ Permit #_____Area_____

Mobile Food Unit Information:

Type of Mobile Food Unit: □ **Pushcart (Hotdogs and Coffee Only)** □ **Vehicle** □ **Trailer**

□ **New** □ **Used** **If used, previously named** _____

L&I Tag # (required for final approval) _____

Briefly Describe Menu Style of Food (i.e. american, italian, bbq, asian, greek, mexican, etc.):

_____

_____

Overnight Storage Location:

_____

Operating Schedule: Hours_____ **Days** _____ **Months**_____
(Complete Mobile Food Unit Site Location and Schedule Form Provided)

Freshwater Storage Tank Capacity: _____ **Gallons (minimum 5 gallons for handwash only)**

Wastewater Storage Tank Capacity: _____ **Gallons (15% larger capacity than fresh water)**

Please INITIAL each of the following agreements

I understand that the mobile food unit shall return regularly to the commissary for routine cleaning, restocking, storage (if permissible), and emptying and refilling storage tanks, as per the approved operational plan. _____

I understand that a restroom shall be within 500 feet to the mobile food unit and supplied with hot pressurized water, soap, and paper towels. If customer seating is provided, they must have access as well. _____

I understand that COOLING OF ANY FOOD ITEMS is prohibited on a mobile food unit. _____

I understand that any food hot held or cooked in the mobile food unit must be discarded at the end of the day if not sold. _____

_____

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MOBILE FOOD UNIT APPLICATION CHECKLIST

INITIALS OF APPLICANT	ITEM	DESCRIPTION	For Office Use Only
	Plan Review Fee	**Plan review fee** • There is a plan review fee due at time of the application being submitted. Low Risk Review = $436 (espresso, shaved ice, etc) High Risk Review = $578 Remodel/Addition/Menu Expansion Review Fee = $289	
	Menu and Food Flow Plan or Chart	**Menu** • Submit a menu or complete list of food and beverages to be offered (including seasonal, catering, and banquet menus). • Any future changes in the menu must be pre-approved by the health department. **Food Flow** • Include all foods that will be prepared and served, along with a description of all food preparation steps. Provide details of each step from purchase to service. **See Food Establishment Application Guide for examples (example # 1 & 2).**	
	Floor Plan, Equipment Schedule, Finish Schedule, etc.	**Scaled Floor Plan** • Prepare a scaled drawing (indicated scale) showing the entire mobile food unit and all existing and proposed new equipment. These plans do not have to be professionally drawn. **See Food Establishment Application Guide for example (example # 3)** • Include scaled floor plan of commissary location along with equipments/sinks used at commissary. **Equipment Schedule** • Provide copies of specification sheets and/or equipment model numbers for all equipment. All equipment must be NSF (National Sanitation Foundation) approved or its equivalent. **See Food Establishment Application Guide for examples (example #4) and complete attached equipment list form.** **Finish Schedule** • Surfaces of **walls, floors, ceilings, counters, shelving, and equipment** throughout the establishment shall be **smooth, non-absorbent, durable, and easily cleanable**. Include a finish schedule (list of surface materials) with the plans. **See Food Establishment Application Guide for examples (example # 3 & 5).**	
	Department of Labor & Industries	**Washington State L&I approval**. • Provide written approval or decal that would indicate the electrical, plumbing, structural, and mechanical systems to the mobile food unit has been approved by Washington State Department of Labor & Industries. This requirement only applies to mobile food units that operators work inside of.	
	Other Jurisdictions and Government Agencies	**The applicant/owner has contacted other government agencies to obtain approval to operate.** • Permission to operate by other government agencies is often determined by site location, cooking methods, size of unit or other additional requirements needing approval. Such agencies may include, but not limited to, county and/or city officials for planning, zoning, building, fire, or permitting.	
	Plumbing System	**Provide detailed plumbing diagram/schematics of both fresh and wastewater systems.** • Provide manufacturers specification sheet on the hot water heater, capacity of holding tanks, and a plumbing schematic. Refer to WAC 246-215 Section 5-3.	

INITIALS OF APPLICANT	ITEM	DESCRIPTION	For Office Use Only
	Commissary or Servicing Area Agreement	**Provide a signed commissary or servicing area agreement.** • Food preparation, water loading, and/or wastewater disposal needs to happen at an approved commissary or servicing area on a daily basis. The mobile unit shall return to such location for supplies, thorough cleaning, and other approved food service activities as noted in the operating procedure. • When not in operation, the mobile food unit must be stored at an approved commissary, servicing area, or other approved location**. Use the commissary/servicing area form provided.**	
	Restroom Agreement	**Provide a signed restroom agreement(s).** • This is required when the mobile food unit parks and operates at one location for over an hour. Restrooms shall be within 500 feet of the mobile food unit and be made available for all employees and customers when seating is provided. **Use the restroom agreement form provided.**	
	Site Location, Schedule	**Provide a site map/schedule.** • Provide the address of each location(s) where the mobile food unit will park if at a fixed or routine site and schedule with times and days of week when operating. **Use the site location/schedule form provided.**	
	Operating Procedures, Cleaning Schedule	**Provide a detailed operating procedure.** • Submit an outline of your daily activities; including, but not limited to, preloading of the mobile food unit at the commissary, arriving at site, setting up, operating business hours/days, cleaning and sanitizing procedures during operation, etc. • Include end of day activities, such as outlining closing procedures for mobile unit, such as returning to commissary, unloading, storage of supplies (e.g. food, paper products, utensils, etc), cleaning and sanitizing procedures, maintenance of water and waste water tanks, and storage. **Cleaning Schedule.** • Provide the cleaning and sanitizing procedures you will use on the mobile food unit during business hours. Describe the cleaning procedures at the commissary.	
	Water Source and Wastewater Disposal Verification	**Provide water source and wastewater disposal information.** • These are essential pieces of information needed for health department approval. **Use the water source and wastewater disposal verification forms provided.**	

The undersigned attests to the accuracy of the information provided in this application. The applicant agrees to comply with Chapter 246-215 Washington Administrative Code Food Service and Article II Rules & Regulations of the Thurston County Board of Health Governing Food Service and allow the regulatory authority access to the establishment as per the code requirements.

I, the undersigned, have read instructions provided, and understand and agree to the application process:

Applicant Signature: _____Print Name: _____ Date: _____

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Utility Information

Wastewater

Wastewater Disposal Location:_____

Describe Wastewater Disposal method, frequency of disposal and sink/receptacle proposed:

_____

_____

_____

_____

Electrical

Describe method to power MFU during the following times:

Service:_____

_____

Overnight Storage:_____

_____

Transportation to site:_____

_____

Potable Water

Potable Water Fill Location:_____

Describe potable water fill frequency, hose storage method and tank cleaning process:___

_____

_____

_____

_____

Food Flow Chart/Preparation Steps

Mobile Food Unit: _____ Menu Item: _____

1	2	3
4	5	6
7	8	9

Add Food Flows

Food Flow Chart/Preparation Steps

Mobile Food Unit: _____ Menu Item: _____

1	2	3
4	5	6
7	8	9

Add Food Flows

Food Flow Chart/Preparation Steps

Mobile Food Unit: _____ Menu Item: _____

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Add Food Flows

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MOBILE FOOD UNIT EQUIPMENT LIST

Mobile food units (MFU) are required to install and use commercial grade equipment. These types of equipment can be easily identified with a decal or marking that appears on products evaluated and tested to environmental and public health standards used by various testing companies, such as;

Please provide the following information for each piece of equipment you intend to provide for the MFU.

MANUFACTURER	MODEL NUMBER	DESCRIPTION	NEW	USED	OFFICE USE: APP/DISAP
			☐	✔	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
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			☐	☐	
			☐	☐	
			☐	☐	

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MOBILE FOOD UNIT COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Unit Name: _____ Owner/Operator: _____

Hours and Days of Operation: _____

Time and Days at Commissary/Servicing Area: _____

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food unit (MFU) operation. Please refer to the guide to differentiate between the two types of agreements. This agreement between the commissary or servicing area owner and the MFU owner signifies that both parties agree that the following services shall be provided.

Approved Water Source	☐Yes ☐No
Approved Waste Water Disposal	☐Yes ☐No
Garbage/Trash Disposal	☐Yes ☐No
Dry Storage Space (adequate shelving provided)	☐Yes ☐No
Commercial Refrigeration (adequate shelving provided)	☐Yes ☐No
Ice Machine Availability	☐Yes ☐No
Food Preparation Sink Availability (with air gap)	☐Yes ☐No
Three Compartment Sink or Dishwasher Availability	☐Yes ☐No
Mop Sink Availability	☐Yes ☐No
Restroom Availability	☐Yes ☐No
Mobile Food Unit Storage Availability	☐Yes ☐No
After-hours accessibility (entrance key provided)	☐Yes ☐No

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFU operating permit issued by Thurston County Public Health and Social Services (TCPHSS)**. This suspension is effective until a new agreement is provided and approved by TCPHSS.

MOBILE FOOD UNIT COMMISSARY (FOOD ESTABLISHMENT)/SERVICING AREA AUTHORIZATION:

Commissary /Servicing Area Name: _____
Commissary/Servicing Area Operation Hours and Days: _____
Address: _____ City: _____ Phone: _____

_____ _____
(PRINT NAME OF COMMISSARY/SERVICING AREA OWNER) (SIGNATURE OF COMMISSARY/SERVICNG AREA OWNER) (DATE)

_____ _____ ____
(PRINT NAME OF MOBILE FOOD UNIT OWNER) (SIGNATURE OF MOBILE FOOD UNIT OWNER) (DATE)

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FOOD UNIT RESTROOM AGREEMENT

Food Unit:

Food Unit Name: _____

Food Unit Site Location: _____ _____
(street address) (city)

Food Unit Hours and Days (at above location):_____

Current year of operation: _____ (Please submit a new agreement if you change locations)

Signature Food Unit Owner: _____

A mobile food unit parked at the same location for more than one hour and/or one that provides seating for customers MUST have restroom facilities within 500 feet of the mobile food unit. No crossing any major intersections or multiple lanes of traffic to reach the restroom. Restrooms shall have pressurized hot and cold water, soap, and single-use paper towels available. Both the operator and seating customers need access to restrooms during all hours of operation, including set up times. Failure to have any access may result in closure of the mobile food unit.

Please respond to the following questions below:

1. Is your food unit at the same location for more than one hour ❑ Yes ❑ No
2. Is customer seating provided nearby the food unit ❑ Yes ❑ No

If your answer is YES to one or both of the above questions, then food unit owner must obtain authorization from a nearby business to have access to their restroom(s).

Restroom Facility Location:

Business Name: _____ Owner's Name: _____

Physical Address: _____ City: _____

Business Phone Number: (_____)_____ Business Hrs and Days: _____

Approximate distance from food unit to restroom (feet): _____
Does the food unit owner/operator have access to these restroom(s) after hours: ❑ Yes ❑ No
Do customers of the food unit have permission to access these restrooms: ❑ Yes ❑ No

Authorization to Use Restroom Facilities:

_____
(Printed Name of Person Authorizing Food Unit to Utilize Restroom Facilities)

_____
(Signature of Person Authorizing Food Unit to Utilize Restroom Facilities) (Date)

(A separate form will be needed for each restroom location or if hours of operation are covered by multiple restroom agreements)

For Office Use Only

Date Received:_____ Approved By: _____ Approval Months/Year:_____

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MOBILE FOOD UNIT SITE LOCATION(S) AND SCHEDULE

Mobile Food Unit Name: _____ Owner/Operator: _____

Mobile food units (vehicles, trailers, and pushcarts) permitted to operate in Thurston County must submit a site location/schedule where they intend to operate their mobile food unit, including days of the week and hours of operation.

A RESTROOM AGREEMENT IS REQUIRED IF OPERATING AT ANY LOCATION(S) FOR MORE THAN ONE HOUR. Restrooms shall not be located across from any major intersections or multiple lanes of traffic and shall be witin 500 feet to a business that is open with the same operating hours and days or access is available after hours.

Please list below all location(s) where the mobile food unit will operate.

Operating Site Location(s) Street Address and City	**Operating Hours and Days of Week Scheduled at Location(s) (approximately)**
Example: 3000 Pacific Ave, Olympia	Example: Monday through Friday, 8 am-3 pm

Note: If the mobile food unit location(s) or schedule changes, you must submit an updated itinerary to our office either in-person, by mail or email at the contact information shown above within 72 hours.
- Operating sites need either city or county approval, which may be based on traffic, parking, zoning, septic or other issues.

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WATER SOURCE VERIFICATION

MOBILE FOOD UNIT NAME: _____ OWNER/OPERATOR: _____

COMMISSARY/SERVICING AREA INFORMATION ASSESSOR PARCEL NUMBER: _____

NAME OF BUSINESS: _____ OWNER/OPERATOR: _____

PHYSICAL ADDRESS: _____ ZIP CODE: _____ PHONE: _____

All commissaries or servicing areas used to support a mobile food unit operation must verify that they are connected to an approved public water source. However, if the above commissary or servicing area posses a valid health permits, such as a food establishment, then the water source has already been approved.

<u>In all other cases, to determine if the water source can be approved, please submit a copy of the water bill with the same physical address as the commissary or servicing area.</u>

If a water bill is not accessible **<u>or</u>** in lieu of submitting a water bill, please have the water purveyors (supplier) complete the water availability form below. Once completed, submit the form to the health department.

WATER AVAILABILITY STATEMENT TO BE COMPLETED BY WATER PURVEYOR (please check all those that may apply)

The Above Business Location: ☐ is connected ☐ has applied ☐ is not connected to a water system
Water Source: ☐ City Water OR Public Water System (Well) ☐ Group A ☐ Group B
Name and/or ID # of Water System: _____
Purveyor's State ID NUMBER: _____ Water Purveyor's Phone Number: _____
Purveyor's Name: _____ Date: _____

Note: If not on a public water system or if connected to a private well, water source will require a separate approval.

VERIFICATION BY THURSTON COUNTY PUBLIC HEALTH- ENVIRONMENTAL HEALTH DIVISION:

Name and/or ID # of Water System: _____

☐ The above water system **is able** to provide adequate water to the above commissary/servicing area.

☐ The above water system **is not** able to provide adequate water to the above commissary/servicing area.

Reviewed by: _____ Date: _____

FOR FURTHER INFORMATION ON WATER SYSTEM REQUIREMENTS FOR MOBILE FOOD UNITS, PLEASE REFER TO THE *THURSTON COUNTY PUBLIC HEALTH – MOBILE FOOD UNIT PLAN REVIEW AND PERMITTING GUIDE.*

Turn over for Wastewater/Sewer Form

WASTEWATER/SEWER DISPOSAL VERIFICATION

MOBILE FOOD UNIT NAME: _____ OWNER/OPERATOR: _____

WASTEWATER TANK CAPACITY: _____GALLONS (Must be 15% greater capacity than the fresh water tank)

COMMISSARY/SERVICING AREA INFORMATION ASSESSOR PARCEL NUMBER: _____

NAME OF BUSINESS: _____ OWNER/OPERATOR: _____

PHYSICAL ADDRESS: _____ ZIP CODE: _____ PHONE: _____

METHOD OF WASTEWATER DISPOSAL: ◯ PUBLIC SEWER SYSTEM ☐ ON-SITE SEWAGE SYSTEM (OSS)

All commissaries or servicing areas used to support a mobile food unit must verify they are connected to an approved wastewater disposal system. *Note: OSS type wastewater disposal will require a longer review time than a public sewer system and depending on the type, condition, size and age of the OSS, it may require upgrades or improvements.*

If connecting to a Public Sewer System:

PUBLIC SEWER AVAILABILITY AND APPROVAL: (To be completed by your local public sewer system official)

Name of Public Sewer System: _____

Address of Public Sewer System: _____ City: _____

The above sewer system is approved and provides service to the business listed at the above address.

Official/Purveyor's Name: _____ Phone: _____ Date: _____

PLEASE NOTE: A copy of the sewer bill or availability letter signed by the sewer district may be submitted in lieu of completing this portion of the form. Please ensure the physical address of the commissary or servicing area is the same as addressed on the sewer bill.

If connecting to an On-site Sewage System:

Any type of business connected to an on-site sewage system will have to be reviewed and approved by the health department if it decides to become a commissary or servicing area in support of a mobile food unit operation.

The following is to be completed by the owner of the business that is responsible for their on-site sewage system:

Is the sewage system permitted approved? ☐ Yes ☐ No What is the septic tank capacity (gallons/day) _____

What is the current approved use? (e.g. restaurant, office, industry, etc.)_____

What type of OSS is it? (e.g. gravity, pressure distribution, mound, etc.)_____

Does any type of pre-treatment exist at the business? (e.g. grease traps, nibblers, etc.) ☐ Yes ☐ No

To obtain copies of the original permit issued for the OSS please contact Thurston County Permit Assistance Center or records can be researched at http://www.co.thurston.wa.us/wl-dspublic8/Welcome.aspx?dbid=0. Providing copies of the records with the mobile food unit application will expedite the review process. If you have difficulty providing information requested or records are not available, you may need to contact a Licensed OSS Designer. For additional information you can contact the Water and Wastewater Section at (360) 867-2673.

VERIFICATION BY THURSTON COUNTY PUBLIC HEALTH- ENVIRONMENTAL HEALTH DIVISION:

Name of Commissary or Servicing Area with Wastewater Disposal System: _____

The above wastewater disposal system is ☐ APPROVED ☐ DENIED for use as a commissary or servicing area.

Reviewed by: _____ Date: _____

Turn over for Water Source Form