



DELAWARE COUNTY HEALTH DEPARTMENT MOBILE FOOD FACILITY PLAN REVIEW APPLICATION

The Delaware County Health Department (DCHD) requires that a properly prepared application, fee, plans and specifications for the construction, addition, and remodeling/alteration of mobile food facilities, be submitted and approved by the Delaware County Health Department prior to commencing construction on these facilities.

Facility Name:		
Facility Street Address:	Facility City, Zip Code:	Municipality:
Facility Telephone:	Facility E-mail:	Facility Website:
Facility Owner (Sole Proprietor, LLC, Inc):	Facility Owner Street Address:	Facility Owner City, Zip:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:
Vending Location(s): _____ _____		
Location of rest rooms readily available for employee use: _____ _____		

Type of Mobile Food Facility:

- Truck
- Trailer Hitch Unit
- Pushcart Stand
- Foot Peddler
- Other: _____

What fuel sources does your operation utilize? (check all that apply)

- Propane Fuel
- Electrical Generator
- Other: _____

Is there a Frozen Dessert Machine in the Facility? Yes No

Frozen Dessert License # issued by the Pennsylvania Department of Agriculture - _____

Laboratory Testing Agency: _____.



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Category of Application:

- New Mobile Food Facility
- Modification (the remodeling or alteration of an existing food establishment or change that affects the way the facility operates, which may or may not include the categories listed below).
Check all items that apply.

- Installation of equipment (new or used)
- Installation of surface finishes (e.g., walls, floors, ceilings)
- Installation of custom millwork, cabinetry, or plastic laminated surfaces
- Replacement or relocation of permanently installed equipment
- Expansion of food facility
- Other: _____

Work Start Date: _____ Work Completion Date: _____

Commissary Information:

Commissary Name:		
Facility Street Address:	Facility City, Zip Code:	Municipality:
Facility Telephone:	Facility E-mail:	Facility Website:
Commissary Owner:	Days & Hours Reporting to Facility:	Food Storage Location:
Commissary Facility Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Commissary Facility Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic	<i>If Commissary Facility is Using Well/Septic</i> <input type="checkbox"/> Well Permit #: _____ <input type="checkbox"/> Septic Permit #: _____

Is this Commissary inspected by the Delaware County Health Department? YES NO
If NO, provide a copy of the most recent food license and inspection report for the Commissary.

The above Commissary is used for the following:

- Food Storage and/or Food Preparation
- Fresh Water Supply
- Grey Water Disposal
- Supplies
- Cleaning of Equipment/Utensils
- Solid Waste Disposal



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Finish Schedule

Please provide description and details for the items below.

ITEM	DESCRIPTION/DETAILS
Physical Facilities	
Overhead Enclosure	
Support Structure	
Side Enclosure	
Floor Materials	
Service Opening/Window	
Hand Washing Facility	
Handwashing Sink	
Water Supply & Wastewater Disposal	
Potable Water Source Water Storage Tank; Materials and Construction Detail	
Capacity of Water Storage Tank	
Water Storage Tank Backflow Prevention Device	
Method of Generating Hot Water; Heater Details	
Hot Water Storage Tank; Materials and Construction Detail	
Wastewater Storage Tank; Materials and Construction Detail	
Capacity of Wastewater Storage Tank	
Disposal Method for Wastewater	
Refuse	
Number and Type of Waste Containers	
Will cooking grease waste be generated? Provide cooking grease disposal information.	
Utensil/Equipment Washing Facilities	
On-unit utensil washing & sanitation	
Type & number of compartments for utensil cleaning; Materials and Construction Detail	
Type of Sanitizer	

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Checklist

Please complete this checklist to ensure that your plan review application is complete. The accuracy of your submission will help to avoid processing delays.

- Floor Plans that are a minimum of 11 x 14 inches in size, including the layout accurately drawn to a minimum scale of ¼ inch = 1 foot. Floor Plans must show all food equipment.
- Signed Mobile Food Facility Plan Review Application
 - Mobile Food Facility proof of insurance, registration, and vehicle inspection
 - A copy of the Commissary License issued by The DCHD or Other Municipality if Commissary is located outside of Delaware County
 - A copy of the most recent Food Facility Inspection Report for the Commissary
 - Equipment List including Manufacturer's Cut Sheets and Specifications
 - Menu Description for Food Prepared at Commissary
- Copy of valid Food Manager Safety Certificate from an ANSI approved program
- Required Fees



DELAWARE COUNTY HEALTH DEPARTMENT



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Person to contact regarding inspections, maintenance, or emergencies, if different from owner.

Name:	Telephone:	E-mail:
I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.		
Signature:	Date:	

✓	Type of Plan Review Requested	Fee
	Mobile Food Facility	\$237
	Change of Ownership/Turn-Key Operation	\$47

Note - the applicant assumes responsibility for obtaining any permits that may apply to the construction and/or development of the mobile food facility and any vendor permits required by local municipalities.

Application fee \$ _____ (See fee schedule). Fee **MUST** be filed with application.

Make all checks payable to **Delaware County Health Department.**

Application is hereby made for license to operate a Mobile Food Facility in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Delaware County Public Health Code.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

DELAWARE COUNTY HEALTH DEPARTMENT

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



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