

**PLAN REVIEW CHECKLIST**  
**Food Permit Application for Mobile Food Units**

DATE: \_\_\_\_\_

New Permit

Change of Risk Category

**Risk Category:**

Category I - Complex food preparation

(e.g., full service catering, any food that is cooled and reheated)

Category II - Non-complex food preparation

(e.g., hot dogs, grilled sandwiches, salads, shaved ice, kettle corn, nut roasting)

Category III – Commercially packaged foods

(e.g., packaged ice cream/novelty, single-serving packaged snacks )

Name of Business: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Number of Staff: \_\_\_\_\_

Projected date for start of operations: \_\_\_\_\_

Expected operating schedule (days/hours)

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

Where will the Mobile Food Unit be stored when not in operation?

\_\_\_\_\_

**SIGNATURE OF OWNER OR AUTHORIZED AGENT:**

**DATE:**

\_\_\_\_\_

**I. PROPOSED MENU**

Please list the foods you plan to prepare and sell, or attach a copy of your proposed menu.

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**II. FOOD PREPARATION INFORMATION**

**A. FOOD SUPPLIES**

1. What suppliers will be used for food and ingredients? Include locally obtained items.

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2. What are the projected frequencies of deliveries or shopping trips for:

Refrigerated foods: \_\_\_\_\_/week      Frozen foods: \_\_\_\_\_/week

Dry goods: \_\_\_\_\_/week

3. If you plan to purchase food at grocery stores and/or warehouse clubs, how will you keep refrigerated and/or frozen foods cold during transport?

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4. Will ingredients and supplies be used immediately after purchase/delivery, or stored prior to use? How and where will supplies be stored?

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**NOTE:** All food and ingredients must be stored and prepared in the licensed facility. **No ingredients, food, or finished products may be prepared or stored in a private home or other unlicensed facility.**

**B. PRODUCT PACKAGING AND DELIVERY**

1. Will any of your food be made and prepackaged for sale in advance?  Yes  No

2. Which (if any) of your food products will be prepackaged for sale? Please list products below and **attach a sample label for each product type.**

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**NOTE:** The Food Code requires that labels for **prepackaged** food must contain the following information. This does **not** apply to food that is made to order for a specific customer, or food that is packaged to order (such as cookies selected from a tray in a bakery case).

1. The common name of the food;
2. If made from two or more ingredients, a list of ingredients in descending order of predominance by weight, including a declaration of any artificial colors, artificial flavors, and/or chemical preservatives, if contained in the food;
3. An accurate declaration of the net quantity/weight of contents;
4. The name and place of business of the manufacturer, packer, or distributor; and
5. A list of each major food allergen contained in the food.

**C. HOT/COLD HOLDING**

1. How will cold food that needs Time and Temperature Control for Safety (TCS food) be maintained at 41° or below during transport and/or service? Indicate type and number of cold holding units.

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Check Here if Not Applicable

2. How will hot TCS food be maintained at 135° or above during transport and/or service? Indicate type and number of hot holding units.

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Check Here if Not Applicable

**D. WATER SUPPLY**

What is the size of the water storage tank (in gallons)? \_\_\_\_\_

Where will the water tank for the Mobile Food Unit be filled? \_\_\_\_\_

Is the water supply:  Public  Well If well, provide NCPWS#: IL3 \_\_\_\_\_

Is a food-grade hose used to fill the water storage tank? \_\_\_\_\_

Will the water inlet be capped at all times except while being filled?  Yes  No

**E. WASTEWATER AND GARBAGE**

What is the size of the wastewater storage tank (in gallons)? \_\_\_\_\_

Where will wastewater from the Mobile Food Unit be disposed? \_\_\_\_\_

Is the sewage disposal system at the disposal site:  Public Sewer  Septic System

How will the waste water tank on the Mobile Food Unit be drained? \_\_\_\_\_

Is the waste water storage tank drainage connection located lower than the water inlet connection?  Yes  No

Is a grease trap provided?  Yes  No

If YES, where is grease trap located? \_\_\_\_\_

Where will garbage generated by the Mobile Food Unit be discarded? \_\_\_\_\_

**Please enclose the following documents:**

\_\_\_\_ Proposed menu (including any seasonal menus)

\_\_\_\_ Sample product label, if any products will be prepackaged for sale

\_\_\_\_ Commissary Information (and Commissary Agreement Form, if the commissary has a different owner than the Mobile Unit)

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

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

Owner(s) or responsible representative(s)

Title: \_\_\_\_\_

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

NOTE: Approval of these plans and specifications by the Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state, or local. Further, it does not constitute endorsement or acceptance of the completed mobile unit (structure or equipment). A pre-opening inspection of the mobile unit with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

### Commissary Information

Mobile Food Units must operate from a licensed commissary and report to the commissary for all supplies and all cleaning and servicing operations. If the commissary is not located in Fulton County, a copy of the commissary's Food Permit and most recent inspection must be submitted with this application.

Commissary Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- The owner of the commissary is the same as the owner of the Mobile Food Unit.
- The owner of the commissary is DIFFERENT than the owner of the Mobile Food Unit.

If the owners of the Mobile Food Unit and commissary are not the same, a Commissary Agreement Form must be submitted. If the commissary is not in Fulton County, a copy of the commissary's Food License and most recent inspection must also be submitted.

Please list the expected days/times that the Mobile Food Unit will be at the commissary:

\_\_\_\_\_

Please mark the activities that will take place at the commissary:

Activity	Yes	No	Activity	Yes	No
Storing food (including ice and/or drinks)			Dish or equipment washing		
Storing dry goods			Disposal of garbage		
Preparation of food			Receiving potable water		
Cooking and/or reheating of food			Dumping wastewater		
Cooling of food			Washing the outside of the vehicle		

Is the water supply of the commissary:  Public  Well If well, provide NCPWS#: IL3\_\_\_\_\_

Is the sewage disposal of the commissary:  Public Sewer  Septic System

### Commissary Agreement Form

This form shall be used when the owner of a Mobile Food Unit is not the same as the owner of the licensed commissary. If the licensed commissary is not in Fulton County, a copy of the Food Permit and a copy of the most recent health inspection must be submitted with this agreement.

The Licensed Food Service Establishment known as \_\_\_\_\_  
 \_\_\_\_\_ (establishment name)

located at \_\_\_\_\_  
 \_\_\_\_\_ (establishment address)

hereby agrees to provide access for usage as a commissary to \_\_\_\_\_  
 \_\_\_\_\_ (mobile unit owner)

to operate a Mobile Food Unit known as \_\_\_\_\_  
 \_\_\_\_\_ (mobile unit name)

The permit holder of the commissary is responsible for all food service operations conducted on the commissary premises. The owner of the commissary agrees to allow the owner of the Mobile Food Unit access to the commissary for storage, warewashing, food preparation, receiving of potable water, dumping of wastewater, and any other use as required during the following days/hours:

Day	Times
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Additionally, the owner of the commissary agrees to allow the owner of the Mobile Food Unit to use the following equipment at the commissary:  All kitchen equipment and storage units

This specific equipment and/or storage facilities: \_\_\_\_\_  
 \_\_\_\_\_ (Attach additional sheet if needed)

The agreement between the above-mentioned two parties is valid for license year \_\_\_\_\_ and may be renewed in writing after that date. This agreement expires December 31st of the year issued. However, in the event this agreement is terminated, the

Licensed Food Service Establishment and the Mobile Food Unit Owner agree to notify the Fulton County Health Department. All parties also agree that, in the event of the termination of this agreement, all mobile food service operations must immediately discontinue until the Mobile Food Unit Owner secures the services of an approved commissary and provides another Commissary Agreement to the Fulton County Health Department. This agreement terminates if the Food Service Establishment does not have a current license to operate.

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Signature of Commissary Owner

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Date

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Signature of Mobile Food Unit Operator

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Date