

Environmental Health & Emergency Preparedness

560 Rice Drive West Union, Ohio 45693 Phone: (937) 544-5547 extension 116 Fax: (937) 544-3035 hpolley@adamscountyhealth.org

<u>GUIDELINES FOR SUBMITTING MOBILE FOOD SERVICE PLANS</u>

A mobile food service operation is defined as "a food service operation that is operated from a moveable vehicle, portable structure, or water craft: routinely changes location; and does not remain at any location for more than forty (40) consecutive days. Ohio Administrative Code 3701-21-02.3 (D. 2) and 3717.01 (I)

All units that meet the above definition and serve time/temperature controlled for safety foods, frozen desserts, beverages (excluding beer wagons), nuts, popcorn, candy, or similar confections, bakery products, or any combination of the items MUST be licensed through the local health district where the operator resides.

SUBMITTED PLANS AND SPECIFICATIONS MUST BE LEGIBLE AND DRAWN REASONABLY TO SCALE

PLEASE SUBMIT THE FOLLOWING:

- 1. Name of the operation and where the unit is stored when not in use.
- 2. Name and mailing address of the operator or authorized representative. Name and phone number of contact person.
- 3. Include a menu of all food items that are to be sold or served. All foods must be prepared in the unit or by a licensed food service or purchased commercially.
- 4. Provide a layout of the fixtures and equipment. At a minimum, the mobile food service should include a hand wash sink, a three-compartment sink, water heater, a trash can, wastewater holding tank, backflow preventer of ASSE 1012 or 1024, and a potable water hose. A mobile retail food service does not have to include these items. The layout should include countertops, coolers, freezers, food storage areas, grills, deep fryers, stoves, hoods, microwaves, soda fountains, sinks, hot holding facilities, Ice cream machines, work tables, etc. All surfaces of the facility must be smooth, easily cleanable, and non-absorbent. All equipment must be either UL listed or NSF approved and not for residential use. Facility must have acceptable methods of preventing flies/mosquitos from entering facility and landing on food.
- The local or state Fire Marshall must be contacted for requirements of ventilation hoods and fire suppression systems. Any firefighting equipment that might be required must be inspected by your local fire authority.

Please note: Each operator of a mobile food facility shall conspicuously display the name of the operation, the city or county of origin and the operation telephone number on the exterior of the mobile unit and it must be visible on three sides. This information must be displayed using lettering and numbers at least three (3) inches high and one (1) inch wide.



to:	n check and signed applica Adams County Health 560 Rice Drive West Union, OH 45693	Department	01/2025					
	s a mandatory penalty deadline (Chapter 37			ng a food s	ervice op	eration or re	tail food establishmen	
	ense application can be on and remit the proper fo		·					
				lame of License Holder				
Addres	3			Email				
City				State	Zip			
Phone	#	Fax#		<u> </u>	Chec	ck if applicable Catering	Seasonal	
Name o	of individual certified in food	I protection (if any) and the	heir certificate numbe	(use back for	additional	names)		
	Idress for annual renewa):					
Name of parent company or owner					Phone #			
Address					Email			
City					State	Zip		
	certify that I am the licens certify that I am the licens	e holder, or the authorize	ed representative, of t	ne food servic	e operatior	n or retail food		
Signat	ure					Date		
icensor	to complete below							
Category VOID								
License fe	ee + Late fee + State amo			ount	nt		= Total amount due	
Application	n approved for license and	certified as required by	Chapter 3717 of the C	hio Revised (Code.			
Ву	.,	Date		dit no.		License i	10.	
As per	AGR 1269 (Rev. 1/20	18) The Baldwin Gro	oup, Inc.			· ·		

Application for a License to Conduct a:

1. Complete the applicable section. (Make any corrections if necessary.)

As per HEA 5319 (Rev. 1/2018) The Baldwin Group, Inc.

Instructions:

2. Sign and date the application.

3. Make a check or money order payable to: