



MOBILE UNIT FOOD PERMIT APPLICATION

Instructions:

- Return completed application at least 30 days prior to planned opening date.
If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- All fees are due at the pre-opening inspection with a CHECK or MONEY ORDER
- made payable to the City Treasurer. No cash will be accepted.
- Pre-opening inspection does not guarantee a permit will be issued.

OFFICE USE ONLY	
Permit #: _____	Issue Date: _____
Rec'd by: _____	Date: _____
Assigned to: _____	District: _____
Amount: _____	Check#: _____

PROCESSING FEE MUST BE SUBMITTED WITH THE APPLICATION AND IS NON REFUNDABLE

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Kansas City Health Department and speak with a Food Inspector in order to complete this application process.

DATE: _____

UNIT/VENDOR NAME: _____

OWNER NAME: _____

Federal Tax ID #: _____ **MOBILE UNIT LICENSE PLATE NUMBER:** _____

Ownership Type (Check one): Individual Association Corporation Partnership LLC

OWNER ADDRESS: _____ **CITY:** _____

OWNER PHONE: () _____ **STATE:** _____ **ZIP:** _____

COMMISSARY ADDRESS: _____ **CITY:** _____

COMMISSARY PHONE: () _____ **STATE:** _____ **ZIP:** _____

COMMISSARY HOURS OF OPERATION: _____

APPLICANT NAME: _____ **DATE OF BIRTH:** _____

TYPE OF MOBILE UNIT: MOBILE UNIT ICE CREAM TRUCK
 TRUCK SALES VENDORS - (FROZEN FOOD TRUCK SALES)

WHICH ADDRESS WILL KCMO HEALTH DEPARTMENT MAIL CORRESPONDENCE:

Commissary Owner/Alternate

PERSON-IN-CHARGE: (please print) _____

Has the person-in-charge completed a food safety course? Yes No **Type of food safety class:** _____
(The person-in-charge is directly responsible for the food establishment and he/she or an appointed designee must be present at all times during the operation of the food establishment.)

FOOD TO BE SERVED:

Please check one or more of the boxes to indicate your cuisine type:

- | | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Hotdogs | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Breakfast |
| <input type="checkbox"/> Hamburgers | <input type="checkbox"/> Chicken | <input type="checkbox"/> Deli | <input type="checkbox"/> Pre-packaged |
| <input type="checkbox"/> Greek | <input type="checkbox"/> BBQ | <input type="checkbox"/> Mexican | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Pizza | <input type="checkbox"/> Fish | <input type="checkbox"/> Dessert | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Other _____ | | | |

Do you prepare or serve potentially hazardous foods using any of the following methods? (Please check all that apply)

- thaw frozen product
 hot or cold holding
 reheating for hot holding
 cook to order
 cook for hot holding
 prepare quantities in advance
 serve/sell only pre-packaged potentially hazardous foods

The following items must be approved prior to the issuance of a permit:

<u>Item/Question</u>	<u>Yes</u>	<u>No</u>	<u>Office Use Only</u>
1. Water Source and Plumbing			
a. Is water source and system of sufficient capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is waste retention tank at least 15% larger than the water supply tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Potable water tank must be able to store a minimum of 15 gallons Size of water supply Size of water supply tank _____ Size of waste retention tank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is water tank enclosed from the filling inlet to discharge outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintained in good repair*. No leaking, water draining in a sewage tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is unit maintained in such manner that prevents the spilling or splattering of grease, water, food, or trash on any public right-of-way where the unit will be serving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hand Washing Sink.			
a. Is a hand sink provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does hand sink have a mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does hand sink provide hot and cold running water under mechanical pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the hand sink provide hot water at a temperature of at least (100°F)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is hand sink conveniently located and accessible for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is hand sink supplied with hand cleanser/sanitary towels or hand-drying devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is a hand washing sign posted at hand sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Three Compartment Sink			
a. Is a three-compartment sink provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is hot and cold water supplied to all three compartments of the sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are drain boards provided at the 3-compartment sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the compartments of the 3-compartment sink sufficient in size so that the largest utensil or equipment can be fully submerged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Ceilings And Overhead Protection.			
a. Are walls and ceilings constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is ceiling constructed so that all outer openings are protected and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is overhead protection provided and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does overhead protection cover all the unit's surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trash Receptacle			
a. Is a receptacle or waste handling unit provided on the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Floors			
b. Are floor materials grease resistant, easily cleanable and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Unit Maintenance			
a. Is unit free of litter and unnecessary items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is unit in good repair (no damage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Toxic Materials			
a. Is storage location away from food and food related items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Proper labeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is a sanitizing test kit provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 9. Refrigeration\Freezer Units | | | |
| a. Do mechanical refrigerators hold potentially hazardous food at 41°F? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does freezer hold food frozen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are coolers equipped with draining plugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Hot Holding Units | | | |
| a. Do hot holding units hold foods at 135°F or above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Thermometers | | | |
| a. Are temperature measuring devices provided at all hot and cold holding units? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is a metal stem food thermometer provided for operator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does thermometer scale read 0-200°F in 2-degree increments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Storage Areas | | | |
| a. Are shelves easily cleanable and properly constructed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is adequate shelving provided to store all items? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are food-related items stored 6 inches above floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Equipment | | | |
| a. Is permanent equipment properly sealed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is equipment properly spaced for easy cleaning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is all equipment attached to the unit and properly sealed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Food-Contact Surfaces | | | |
| a. Are all food-contact surfaces in good condition, properly constructed, smooth and easily cleanable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all food-contact surfaces washed and sanitized to sight and touch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Nonfood-Contact Surfaces | | | |
| a. Are all nonfood-contact surfaces in good condition, properly constructed, smooth and easily cleanable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all nonfood-contact surfaces clean to sight and touch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Ventilation | | | |
| a. Is hood system adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is hood system clean? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Lighting | | | |
| a. Is adequate lighting provided over food prep, utensil washing, storage, and restroom areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all light fixtures properly shielded in food prep and storage areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Demonstration Of Knowledge | | | |
| a. Does the person-in-charge have a certification in food handling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does person operating unit have a certification in food handling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Commissary | | | |
| a. Will unit be reporting to commissary at least once a day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the commissary Health Permit in good status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does operator have access to commissary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Signage | | | |
| a. Is business name and mobile unit number plainly indicated on the exterior of the mobile unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are the letters at least three inches high with a minimum width of 3/8 of an inch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do signs posted on the mobile unit promote a professional appearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Personal Attire | | | |
| a. Are hair restraints provided for the pushcart employees?
(Must be on cart at time of pre-opening inspection) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. Documents Stored On Unit

- a. Is proof of current commissary agreement stored on the mobile unit?
- b. Is the current commissary visit log stored on the mobile unit?
- c. Are the current vending route sheets stored on the mobile unit?

In addition to this pre-opening checklist, mobile unit owner must provide the following prior to pre-opening inspection:

- Copy of Permit Holder's photo ID
- Approval agreement (includes written procedure for use) from a commissary owner.
- Copy of Federal Tax ID# letter
- Processing fee in the form of check or money order
- A commissary is limited to the Kansas City Metropolitan area.
- Copy of commissary health permit. (If commissary located outside KCMO)
- Copy of commissary last inspection. (If commissary located outside KCMO)
- Copy of typed Menu.

Questions/Comments:

List of locations where unit may serve:

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It is advisable to purchase a copy of the Kansas City, MO Food Code Book to ensure compliance with our regulations. The cost is \$15 and payable by check or money order to the "City Treasurer". The Kansas City, MO Food Code Book may also be viewed on our website at www.kcmo.org/health.

Fee Due (this section to be completed by inspector):			
Processing fee for all units and change of ownerships			\$
Select type of operation (check only one)			
<input type="checkbox"/> TRUCK SALES VENDORS - (FROZEN FOOD TRUCK SALES)	(enter appropriate fee)	\$	
<input type="checkbox"/> MOBILE UNIT	(enter appropriate fee)	\$	
<input type="checkbox"/> ICE CREAM TRUCK	(enter appropriate fee)	\$	
Total fees due:			

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED BASED ON FALSE INFORMATION INVALID.

I WILL COMPLY WITH THE REQUIREMENTS OF THE KCMO FOOD CODE AND UNDERSTAND THAT, IF APPROVED, MY FOOD ESTABLISHMENT PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ABOVE ORDINANCE (SEC 30-71 FOOD CODE ADOPTED).

IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER, OR FROM ONE TYPE OF OPERATION TO ANOTHER.

SIGNATURE: _____ **TITLE:** _____

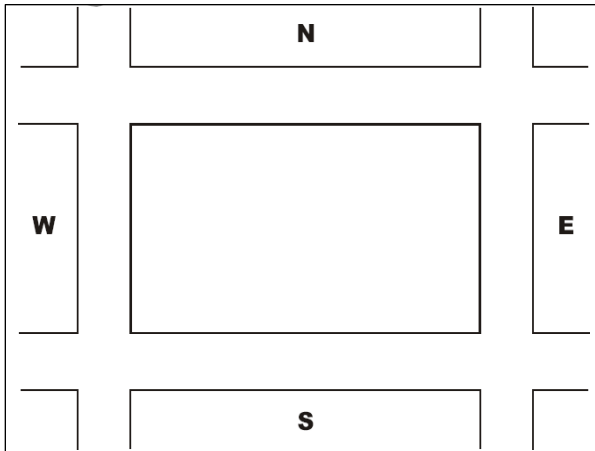
FOOD INSPECTOR (Print): _____ **APPROVAL DATE:** _____

PAYMENTS: **Permit Fees are collected at time of pre-opening inspection upon approval and are accepted in the form of money order or check! NO CASH ACCEPTED! Make checks payable to: CITY TREASURER.**

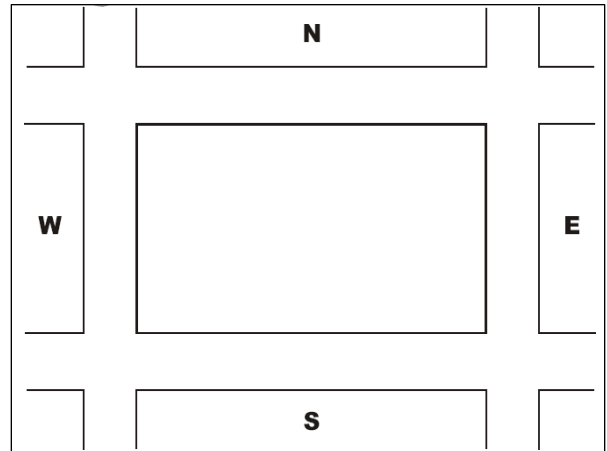
Location Map For Food Vending

Please follow instructions:

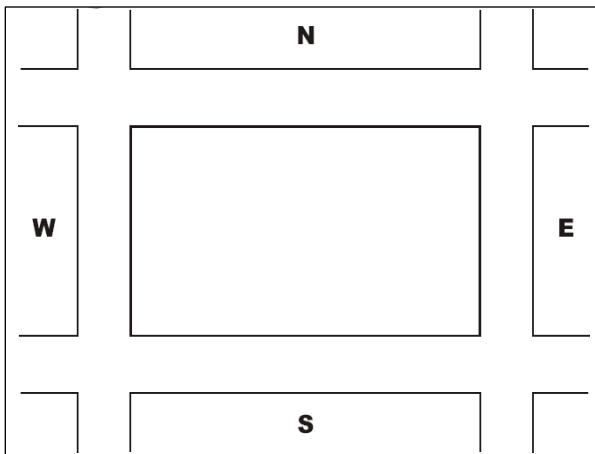
1. Draw square in center block above to show pushcart location and the corner desired.
2. Label streets on all four sides of the block.
3. Show traffic flow direction.
4. Label each drawing with the priority number.
5. 5' minimum distance between cart and the closest fire hydrants.
6. 5' minimum distance between cart and the closest crosswalks
7. Draw square to show the building that the cart will be in front of or closest to, and list that address.



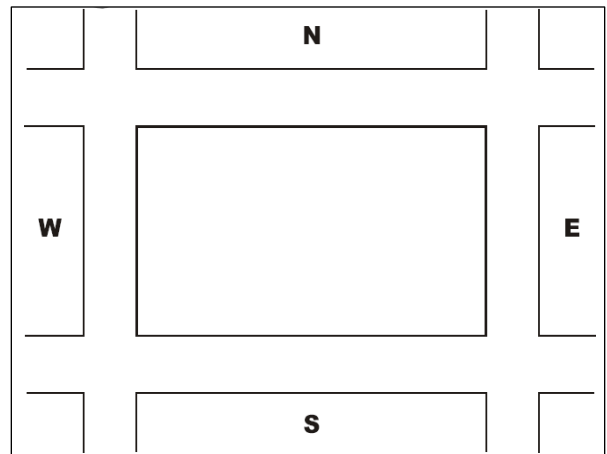
Priority # ____



Priority # ____



Priority # ____



Priority # ____

****NO CHANGES MAYBE MADE WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.**

Establishment Name _____

Date _____

Operator Name _____

Operator Signature _____

Approved By _____