Kittitas County Public Health Department
507 N. Nanum Street, Suite 102
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www.co.kittitas.wa.us/health/

# Mobile Unit Plan Review and Permitting Guidelines

This plan review packet is designed to guide you through the plan review process in permitting a mobile food unit for the Kittitas County Public Health Department (KCPHD). This packet addresses general requirements for mobile food units that will need to be completed and submitted to KCPHD to review and approve. A permit might be delayed if the application is not completed or if plans for the unit need to be changed.

A plan review packet must be submitted for approval before the construction, conversion, remodeling, or changing of the vehicle of a mobile food unit.

All completed plans must include:

- ☐ Completed Plan Review Packet
- ☐ Mobile Unit Floor Plans
    - Equipment Specification and Location
    - Pictures (including L&I insignia)
    - Power Source
    - Finish Schedule
    - Cleaning Schedule
    - Cleaning Schedule for Fresh Water Tank
    - Power Supply
- ☐ Commissary Agreement
- ☐ Restroom Agreement
- ☐ Detailed Menu
    - Food Preparation Steps/Flowchart

Application Process

- Submit the mobile plan review packet and permit application 30 days before the projected opening date.
- Plan Review and Permit fee payments must be submitted together. You will be responsible for one or more of the following pre-operational fees as well as your permit fee.
    - Food Service Remodel
    - Food Service Plan Review
    - Change of Ownership
    - Re-Opening, Same Owner
- Applications are reviewed on a first come first serve basis.
- When you are ready to open (30 days in advance), call the inspector to schedule a pre-opening inspection. Inspectors schedule pre-opening inspections on a first come first served basis.

You may also need additional permits with:

- Kittitas County Community Development Services or Local City Building Department
- Kittitas County or City Fire Marshall
- Washington Department of Licensing or City Clerk
- Washington State Department of Labor & Industries

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Plan Review Guidelines for
# Mobile Food Service Units

## Mobile Information

Name of Establishment: _____

Operation Location: ☐Single Site ☐Multiple Sites (include all locations with plan submittal)

Site Address: _____

If facility changed named, previous name: _____ Unit Type: ☐Vehicle ☐Trailer ☐Cart

**REQUIRED INFORMATION**:

WA License Plate#_____ VIN #_____ WA L&I Sticker #_____

Ownership: ☐Individual ☐Partnership ☐Association ☐Corporation ☐Other:

## Applicant Information

Name:_____ M.I.:_____ Last:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone Number:_____ Email:_____

## Commissary Information

Name of approved commissary:_____

Address:_____ City:_____ State:_____ Zip:_____

Commissary Owner: _____ Phone Number: _____

## Restroom Information (location no more than 500ft away)

Business Name:_____

Location/Address:_____ City:_____ State:_____ Zip:_____

Business Contact Person:_____ Phone Number:_____

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## Potable Water Source

**(Water used in food establishments must meet drinking water quality standards in accordance with WAC chapters 246-290 and 246-291)**

Name of Public Water System: _____ Water System I.D. #:_____

Food-grade hose available for refilling potable water? ☐YES ☐NO

Hot water supply tank with a minimum capacity of five gallons for handwashing? ☐YES ☐NO

Handwashing sinks for employees accessible at all times of operation **(within 25ft, a minimum of 100°F)**? ☐YES ☐NO

Three-compartment sinks with potable hot and cold running water to wash, rinse and sanitize? ☐YES ☐NO

Capacity to refill as frequently as necessary to furnish enough hot and cold water for handwashing, food preparation, ware washing, and cleaning? ☐YES ☐NO

## Gray Water Disposal

**(Sewage and other liquid wastes must be removed from a mobile food unit at an APPROVED waste servicing area or by a transport vehicle in such a way that a public health hazard or nuisance is not created)**

Name of Public Sewer System: _____

Grey water tank is 15% larger than a potable water tank? ☐YES ☐NO

The site used for sewage disposal:_____

Retains wastewater on mobile food unit until disposed of by an approved method? ☐YES ☐NO

## Unit Requirements

Mobile has been approved and inspected by Washington State Department of Labor and Industries? ☐YES ☐NO

**(Union Gap, L&I Office location: 1205 Ahtanum Ridge Drive Suit C, Union Gap, WA 98903-1204 Toll-free: 1-800-354-5423)**

Attachment of specifications of the on-board plumbing? ☐YES ☐NO

Floor plan drawing, to scale (**All fixed equipment on the floor plan and finished material for all areas**)? ☐YES ☐NO

Equipment specification and location? ☐YES ☐NO

A detailed menu with appropriate consumer advisory if necessary? ☐YES ☐NO

A complete food preparation flow chart? ☐YES ☐NO

Attached site/itinerary location information? ☐YES ☐NO

**(Indicate all operating sites and restroom locations)**

Effective measures to minimize entry of pest? ☐YES ☐NO

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Exposed or unprotected sewer lines/utility lines are constructed in a manner that does not subject foods or food containers to contamination? ☐YES ☐NO

Adequate Lighting? ☐YES ☐NO

Light bulbs are shielded, coated or shatter resistant in areas where food is exposed? ☐YES ☐NO

**(clean equipment, utensils, linens, or unwrapped single-service and single-use articles)**

Durable, easily cleanable, leak-proof, covered garbage and refuse containers provided (**inside & outside**)? ☐YES ☐NO

Appropriate thermometers for refrigeration units and food preparation areas? ☐YES ☐NO

**(stem-type thermometer or thermocouple capable of measuring all proper food temperatures)**

Food equipment is certified/classified for sanitation by an American National Standard Institute **(ANSI)?** ☐YES ☐NO

Individually packaged or dispenser bottles for condiments protected from contamination? ☐YES ☐NO

Only Single serving articles are provided for use to the consumer? ☐YES ☐NO

Seating will be provided for customers **(customers must have access to restroom)**? ☐YES ☐NO

Raw meats greater than one inch are not cooked in the mobile? ☐YES ☐NO

I am aware mobile food unit must return to commissary kitchen? ☐YES ☐NO

**(for supplies, cleaning, and other servicing activities)**

All finished surfaces are safe, durable, easily cleanable, nontoxic, noncorrosive, nonabsorbent, light in color, smooth and ANSI certified? ☐YES ☐NO

Hot and cold running water provided to all required plumbing fixtures? ☐YES ☐NO

Food preparation sink available? ☐YES ☐NO

Handwashing sink provided with hand cleaning soap and hand drying provision? ☐YES ☐NO

Three compartment sink and food prep sink indirectly drained? ☐YES ☐NO

When not in use, mobile food unit is stored at an approved location? ☐YES ☐NO

All time/temperature control for safety foods prepared on the mobile unit are served the same day? ☐YES ☐NO

Two-foot backsplash provided behind all sinks and food preparation surfaces? ☐YES ☐NO

Permeable food storage containers are kept 6 inches off the floor and protected from contamination? ☐YES ☐NO

Separate area for cleaning equipment **(mops, brooms, chemicals, etc.)**? ☐YES ☐NO

Designated location/area for employee storage? ☐YES ☐NO

Exhaust hoods and fire suppression systems constructed and installed according to applicable codes? ☐YES ☐NO

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# Shared Kitchen Agreement / Use of Commissary

All food establishments must operate out of an approved facility. Mobile food units and catering/vendor businesses utilize commissaries that are not under their own ownership. This form must be completed if you are not the owner of the approved facility. Once approved no other facility may be used by this business for these operations without the written approval of Kittitas County Public Health Department.

A commissary means an approved food establishment where food is stored, prepared, portion, or packaged for service elsewhere. A mobile must return to its approved commissary for supplies, thorough cleaning, and other servicing activities, as approved in the plan of operations.

## Applicant Information

Establishment Name:_____ Phone Number:_____

Days of the week commissary will be used: ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

Hours of operation at commissary: _____ After hours accessibility ☐Yes ☐No

## Commissary Information

Name of commissary:_____ Phone Number:_____

Address:_____ City:_____ State:_____ Zip:_____

Contact Name:_____ Email Address:_____

## Services Allowed at Commissary

☐ Potable Water ☐ Wastewater Disposal ☐ Garbage Disposal ☐ Dry Storage, Indicate ft³:_____
☐ Ice Machine ☐ 3-Compartment Sink ☐ Food Prep Sink ☐ Food Preparation Space
☐ Mop Sink ☐ Walk-In Refrigerator Space, Indicate ft³:_____ ☐ Freezer Space, Indicate ft³:_____
☐ Cooking Equipment ☐ Cooling of Hot Foods ☐ Restroom Access ☐ Parking of Mobile
☐ Cleaning of Mobile ☐ Key Access to Commissary ☐ Other:_____

## Agreement and Signatures

This agreement between the owner of the commissary and mobile unit (caterer/vendor) indicates that both parties agree to commissary term of use as showed above. This agreement is not transferable. If a change of ownership between any of the parties involved, or modification or cancellation of this agreement by either parties for any reason may result in the suspension of the mobile's (caterer/vendor) operating permit issued by Kittitas County Public Health Department.

The commissary owner consents to inspections of the facility by KCPHD.

_____ _____

Commissary Owner – Print Name & Title

Mobile/Caterer/Vendor Owner – Print Name & Title

_____ _____

Commissary Owner – Signature & Date

Mobile/Caterer/Vendor Owner – Signature & Date

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# Restroom Use Agreement

All food establishments must ensure an approved restroom facility that is available for employees. This form must be completed if you are not the owner of the approved facility. Restroom facilities must be readily accessible within 500 feet of the mobile food unit during times of operation, if at any location for more than one hour.

## Applicant Information

Establishment Name:_____ Phone Number:_____

Days of the week restroom will be used: ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

Hours restroom will be used: _____ After hours accessibility **(key)** ☐Yes ☐No

## Restroom Information

Name of Business:_____ Phone Number:_____

Address:_____ City:_____ State:_____ Zip:_____

Contact Name:_____ Business Hours of Operation:_____

Email Address:_____

## Restroom Requirements Needed

☐ Water temperature of at least 100°F or above
☐ Provide a flow of water for at least fifteen seconds without the need to reactivate the faucet
☐ Hand soap
☐ Hand drying provision **(paper towels, heated air, etc.)**, if disposable towels are used a waste receptable must be provided
☐ Sign/Poster notifying food employees to wash hands **(must be clearly visible to food employees)**
☐ Adequately sized to allow a food employee to wash both hands simultaneously
☐ Must be located 500ft or less
☐ Customer access, must be 500ft or less

## Agreement and Signatures

This agreement between the owner of the restroom and mobile unit (caterer/vendor) indicates that both parties agree to the allowed use of the restroom facility. This agreement is not transferable. If a change of ownership between any of the parties involved, or modification or cancellation of this agreement by either parties for any reason may result in the suspension of the mobile's (caterer/vendor) operating permit issued by Kittitas County Public Health Department.

The restroom owner consents to inspections of the facility by KCPHD.

_____ _____
Restroom Owner – Print Name & Title Mobile/Caterer/Vendor Owner – Print Name & Title

_____ _____
Restroom Owner – Signature & Date Mobile/Caterer/Vendor Owner – Signature & Date

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# Food Preparation Flow Chart

List all menu items and mark each food preparation step that will occur at the commissary:

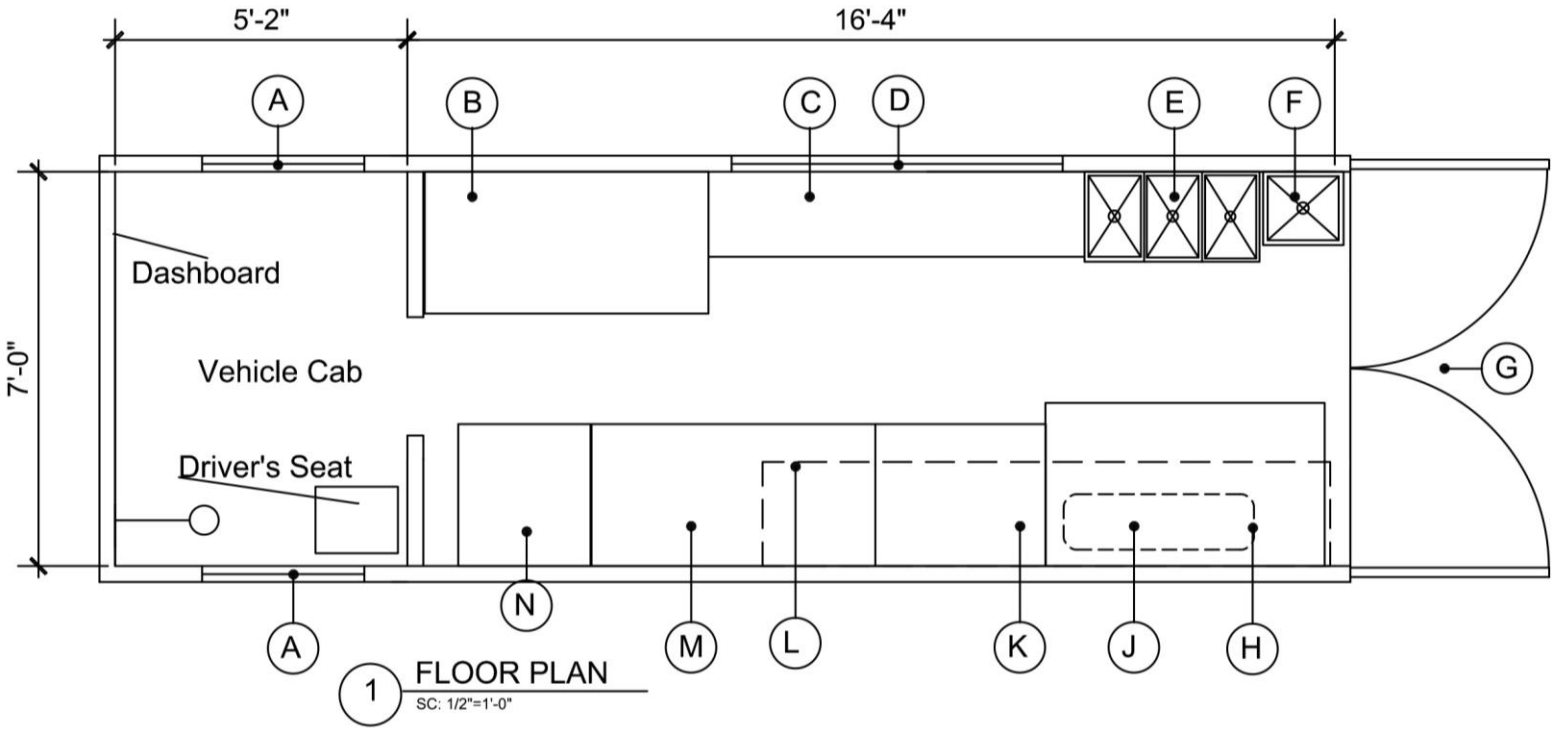
| Food | Thaw | Prep | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portioned | Storage |
|---|---|---|---|---|---|---|---|---|---|
| Example: Tacos | X | X | | | X | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |

List all menu items and mark each food preparation step that will occur on the mobile unit:

| Food | Cook | Cold Holding | Reheat | Hot Holding | Assemble | Other |
|---|---|---|---|---|---|---|
| Example: Tacos | X | | | X | X | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

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# Mobile Unit Floor Plan **EXAMPLE**




EQUIPMENT SCHEDULE
A 36"W X 74"H SLIDING DOOR
B LOW BOY-Make:Avantco Tabco,Model:SS-PT60 60"
C STAINLESS COUNTER
D 70" W X 36"H PASS-THRU WINDOW
E 3-COMPARTMENT SINK
F HAND SINK
G 42"W X 81-6""H DOUBLE DOOR
H PROPANE TANK
J BURNER W/GRIDDLE & OVEN
Make: Garland, Model:G60-4G36RR
K STEAM TABLE-Make:Advance Tabco, Model:HF-3G
L 10 FT TYPE-1 KITCHEN HOOD
M PREP TABLE-Make:Advance Tabco,Model:CB-SS-245M
N FRIDGE-Make:Turbo Air, Model:M3R19-1 25" M3

TRUCK DATA
FLOOR TO CEILING HEIGHT : 85.5 INCHES
TOTAL WIDTH : 7 FT
TOTAL LENGTH : 21 FT & 6 INCHES

FINISHING SCHEDULE
FLOOR: ALUMINUM
WALLS: FRP/STAINLESS
HOOD AREA: STAINLESS
CEILING: ALUMINUM

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# Mobile Food Unit Equipment Schedule

| Item NO. | Item Description | Manufacturer | Model NO. |
|---|---|---|---|
| Example | 6 Burner Range | ABC Manufacturer | A-126-GT |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |

# Finish Schedule

| Area | Floor | Wall | Ceiling |
|---|---|---|---|
| Example: Dry Storage | Sheet Vinyl | Stainless Steel | Aluminum |
| | | | |
| | | | |
| | | | |

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# Mobile Food Unit Operation Locations

List below all location(s) where the mobile food unit will operate and indicate the day of the week and time the mobile food unit will be at each location. If the mobile food unit operation location(s) or route changes, you must inform Kittitas County Public Health Department.

Name of Mobile: _____ Date_____

Contact Person: _____ Contact Phone Number: _____

If a mobile unit will be operating at a fixed location, please provide the address where the mobile will be operating.

Location Address:_____

Operating Schedule (days and times): _____

| **Operation Locations(s)** **Street Address and City** | **Days and Approximate Time** **at Location** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
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| | |