



ENVIRONMENTAL HEALTH DEPARTMENT
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MOBILE FOOD UNIT PLAN REVIEW APPLICATION

Plan Review Fee (EACH): \$200

Purpose of Application:

New Construction Major Remodel Change of Service Change of Ownership Other _____

Type of Facility:

Select the Type of Mobile Food Unit	Select the PROCESS TYPE *		
	Process 1	Process 2	Process 3
<input type="checkbox"/> Packaged Ice Cream Mobile Food Unit	<input type="checkbox"/> 1	N/A	N/A
<input type="checkbox"/> Roadside Vendor (Packaged Frozen Foods)			
<input type="checkbox"/> Limited Service Mobile Unit (Packaged Hot Foods)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Non-TCS Pushcart (packaged or open food handling)			
<input type="checkbox"/> Snow Cone Unit (with open food handling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> TCS Pushcart (with open food handling)			
<input type="checkbox"/> Full Service Mobile Food Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

***Process Type Definitions:**

Process 1 – Vending or service of food & beverages with limited handling & No Cooking
 (General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Hold ⇒ Serve)

Process 2 – Food preparation for same day service no cooling
 (General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Hold ⇒ Serve)

Process 3 – Complex food preparation and/or cooling
 (General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Cool ⇒ Reheat ⇒ Serve)

Commissary/ Central Preparation Permit Information

Commissary Business Name:	
Permit or License number where permitted:	
Physical Address:	
Email:	
Phone Number:	

Business Information:

Business Name (DBA):		*NOTE: The information that is entered "billing address" should be the address in which you want all invoices and administrative communication to go to.
Phone number:		
Mailing Address:		
Website:		
Email:		
Business Owner Name:		*Ownership paperwork & Tax ID or Non-Profit documents must be submitted prior to final
Billing Address:		

Ownership Type:	<input type="checkbox"/> Individual/Partnership <input type="checkbox"/> LLC/INC <input type="checkbox"/> Non-Profit	<i>approval of the permit.</i>
Tax Identification:	<input type="checkbox"/> Retail TX Sales Tax <input type="checkbox"/> Federal EIN <input type="checkbox"/> Proof of Non-Profit	

Applicant Information:

Applicant Name:	
Affiliation (Contractor, Owner, Manager, ETC):	
Telephone Number:	
Alternate Telephone Number:	
Email:	

Projected Date for Start of Project:	Projected Date for First Day of Business:
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Documentation required to be submitted with this application:

<input type="checkbox"/> Floor Plan with All Required Contents of Mobile Food Unit Guidance Document
<input type="checkbox"/> Mobile Food Unit Floor Plan Guidance Document.
<input type="checkbox"/> Menu
<input type="checkbox"/> Supplemental Information to explain how food operations will occur in relation to commissary.

I understand I cannot open this food establishment until I have received written approval from NET Health; obtained all annual operating permits/license; and have been inspected/approved by all applicable jurisdictions.

Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the adopted regulations of NET Health District Order 2023-1.

Signature: _____

Date: _____

Print Name: _____

Title: _____

MOBILE FOOD GUIDANCE DOCUMENT

To Be Completed by the Owner/Operator and Submitted to the
Northeast Texas Public Health District (NET Health)
Environmental Health Department Plan Review Application

Application submittal must INCLUDE:

- Detailed Proposed Menu** (Including Seasonal Menus)
- Floor Plan Design and Diagrams of Mobile Food Unit.** clear drawn-to scale ¼" renderings on an 11" x 17" paper minimum.
Equipment Schedule (ALL equipment installed in Mobile Food Unit needs to be identified). **Any NON-ANSI Equipment (Subject to NET Health Approval) manufacturer's name, model numbers, and manufacturer's specification sheets may be requested.**
Lighting Plan. Identify the types of fixtures, intensity and confirmation the bulb is properly shielded.
Finish Schedule. Identify the composition of all floors, walls, and ceilings.
- Central Preparation Facility / Commissary Site Plan.** (Separate Permit Required) Plan must show the location of storage and preparation area in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, servicing area, septic system, parking etc.).
- Elevation Plan.** Detail all sides, front, back, top views of mobile food unit) are preferred to locate utility hook-ups, generators, propane tanks, serving windows, water fixtures, etc. around the vehicle.

FOOD MANAGER KNOWLEDGE – Policies required by permitting "opening" inspection:

- A designated person in charge that is a Certified Food Manager (CFM) and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the food code will be available during all hours of operation.
- A written Employee Health Policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
- A written policy for reporting imminent health hazards to a regulatory authority.
- A written policy for employees to follow when cleaning up a contamination event.
- Consumer advisory on menu to notify customers that specific animal-based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processed to eliminate pathogens. Applicable when raw proteins are served undercooked.

Supplier List: Write in all proposed Suppliers? Where will you obtain your foods and beverages from?

MENU INFORMATION: (Use a separate sheet if needed)

The application must be accompanied by a menu listing all types of foods and beverages you plan to offer including seasonal menus. In addition to the complete menu provided, describe below what foods will prepared on the MFU. Describe how items are stored, prepared and served.

Food Safety Risk Assessment:

Highly Susceptible Population is an establishment who primarily serves clients that are immunocompromised, preschool-age children, elderly, or provides food service to individuals at a facility that provides services such as custodial care, health care, assisted living, nursing home, child or adult day care center, hospital, senior center, etc.

- | | | |
|---|-------------------------------|--|
| 1) Will you be serving a highly susceptible population? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>"TCS" means it requires Time and Temperature control for safety or perishable food products.</i> | | |
| 2) Are TCS foods or beverages items served to customers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Are TCS food items prepared only in individual portions (receive, prep, serve)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Are TCS food items served from a customer self-service bar or buffet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Are TCS items cooked or reheated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Are TCS items prepared from raw non-frozen ingredients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Are TCS items prepared in a batch and held before service (cook/reheat, hold, serve)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Are TCS items extensively handled with multiple-step prep (cook,cool,reheat) or special process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) What is the average number of meals you serve or plan to serve per day? | <input type="checkbox"/> <150 | <input type="checkbox"/> 151 – 400 <input type="checkbox"/> >401 |

Hours and Days of Operation:

Is the facility open year-round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Days of operation?	<input type="checkbox"/> 0-3 days per week <input type="checkbox"/> 4-7 days per week
Meals to be served?	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner

Process 1 Foods and Beverages on your menu

List the types of (No Cook) Menu Items: *Examples Fruit Cup, Toast, Fresh Fruit Salad, Fresh Chef’s Salad, Potato Chips, Commercial Potato Salad, Burger & Sandwich Garnishes (Lettuce, Tomato, Cheese, Pickles), Canned Beverages, Fresh Lemonade. Coffee, Iced Tea.*

Will these foods be stored in your Mobile Food Unit when not in operation? Yes No

Will these foods be stored in your Commissary/Central Prep Facility when not in operation? Yes No

Process 2 Foods and Beverages on your menu

List the types of (Same Day Service) Menu Items: *Breakfast Sandwich, Eggs, Sausage, Bacon, Club Sandwich, Ribeye Steak Sandwich, French Fries, Burgers, Grilled and Fried Chicken, Fish, Lobster Tail.*

Where will these foods be stored when not in operation? In Central Prep Facility On the Mobile Food Unit

Where will these foods be prepared? In Central Prep Facility On the Mobile Food Unit Both Neither

Process 3 Foods and Beverages on your menu

List the types of (Complex Prep) Menu Items: *Chicken Caesar Salad, Lobster Macaroni and Cheese, Potato Salad Made Onsite.*

Where will these foods be stored when not in operation? In Central Prep Facility On the Mobile Food Unit

Where will these foods be prepared? In Central Prep Facility On the Mobile Food Unit Both Neither

NOTE: A separate plan review application must be submitted for a central preparation facility owned by the mobile food unit operator. Otherwise, a Central Preparation/Commissary Facility Agreement will need to be completed and submitted for use of a central preparation/commissary facility owned by someone other than the mobile food unit operator.

CENTRAL PREPARATION FACILITY: (Reference: Texas Food Establishment Rules §228.2(15) & §228.221(b))

What services do you need to use the Commissary/Central Prep Facility for?

- Servicing Area (offloading wastewater & refilling with potable water)
- Electrical Plug in to run equipment when not in operation
- Food Storage / Dry Goods Storage
- Food Preparation
- Ware Washing

DRY STORAGE ON MFU:

Number of Cabinets (not sink cabinets): _____ Number of Shelving Units: _____

Will you have single service items? Disposable Only N/A

Returnable/damaged goods storage – state location if applicable: _____

Location designated for chemicals or non-food related items (such as tools for the engine, gasoline, etc.)

COLD STORAGE ON MFU:

Check box if all non-TCS foods/beverages only

Refrigerated Storage Space: **All cold holding equipment must be identified on the floor plans**

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods: Yes No

If yes, how will cross-contamination be protected? _____

FOOD PREPARATION:

Will all produce be washed on-board the mobile food unit prior to use? Yes No N/A

If no, will pre-washed and packaged produce be used? Yes No N/A

Time Only As A Public Health Control for Specific Menu Items? Yes No N/A

If yes, please list the items this policy will be used for: _____

***This next section is used to determine whether a facility uses any special processes and helps the plan reviewer determine whether additional policies and procedures such as a HACCP plan are required. If so, it can be subject to a variance request form and additional plan review.**

Special Processes questionnaire

Will you be smoking food for preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curing food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food additives/adding components for preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live molluscan shellfish tank	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custom processing animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduced oxygen packaging and/or sous vide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Juicing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other food/beverage special processes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pets on the patio (no HACCP plan required only a variance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harvesting Wild Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
sprouting seeds/beans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other special processes that require prior approval/review	
Will you use Time as a Public Health Control (TPHC) (i.e., 4 and/or 6-hour rule)	<input type="checkbox"/> Yes <input type="checkbox"/> No

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: *(Use additional blank paper if needed)*

Check box if all items offered are Non-TCS foods/beverages only

Will this process occur onboard the mobile food unit? : Yes No

If answered "Yes", specify Thawing method(s) – *check all that apply*:

Refrigeration In Cooking Process Microwave Other (*describe*) _____

COOKING/REHEATING: *(Use additional blank paper if needed)*

Check box if all items offered are Non-TCS foods/beverages only

Will this process occur onboard the mobile food unit? : Yes No If answered "Yes", List the equipment to be used:

1) _____

2) _____

3) _____

Type of ventilation hoods for equipment: Type I w/suppression Type II

HOT HOLDING: *(Use additional blank paper if needed)*

Check box if all Non-TCS foods/beverages only

How will hot PHF/TCS foods be maintained at 135°F or above during holding prior to service?

List type and quantity of hot holding equipment:

- 1) _____
- 2) _____
- 3) _____

COOLING: *(Use additional blank paper if needed)* Check box if all Non-TCS foods / beverages only

Will this process occur onboard the mobile food unit? : Yes No

How will hot PHF/TCS foods be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours)?

Check all cooling methods to be used: shallow pans ice baths ice paddle reduced volumes

refrigerators other: _____

List foods that will be subject to cooling:

After cooling the food(s), please check all that apply: reworked into another product held over and reheated donated discarded other: _____

SINKS: *indicate quantity of each* SEE PLANS NOT APPLICABLE

Location	4-Compartment Sinks	3-Compartment Sinks	Prep Sinks	Dump Sinks	Hand Sink(s)	Mop Sinks
Onboard the MFU						
In Central Food Prep Kitchen/Commissary						
In Commissary Restroom						

DISHWASHING FACILITIES: NOT APPLICABLE *The proper wash order is: (Pre-scrape, Detergent Wash (110F), Rinse, Sanitize, Air Dry)*

How many times a day will ware washing occur on the mobile food unit? _____

List the equipment and/or utensils that are planned to be washed at CFP/Commissary are: _____

Indicate The Desired Dish Sanitizing Method:

Chlorine. *Submersed in 50-100 parts per million (ppm) available chlorine for at least 30 seconds of contact time*

Quaternary Ammonium. *Submersed in 200 ppm for at least one minute of contact time; or*

Other *(describe):* _____

What location(s) will foods, utensils, dishware, containers, chemicals, etc. be stored when not in operation?

Describe your Potable Water Tank SANITIZATION Process: *(Use a separate sheet if needed)* NOT APPLICABLE

Attach a procedure describing how the potable water system will be cleaned and sanitized.

INSECT AND RODENT CONTROL: Select all methods of pest exclusion and prevention used

- Outside doors will be self-closing and rodent proof
- All Entrances Left Open to the Outside will be screened
- Openable windows will have a minimum #16 mesh screening? *ATT: if you have a pit room it must be enclosed with at least a #16 mesh screen*
- Insect Control Devices
- Air Curtains
- * Flanges, plate covers, escutcheons and/or other approved and effective means required around piping.*

FINISH SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

<u>Location</u>	<u>Wall</u>	<u>Ceiling</u>	<u>Floor & Base Covering</u>	
Food Preparation Areas	_____	_____	_____	<input type="checkbox"/> N/A

** No unnecessarily exposed conduits, piping, framing, and/or other items/parts of the mobile food unit allowed.*

LIGHTING SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

<u>Location</u>	<u>Fixture Type</u>	<u>Shielded</u>	<u>Illumination @ 30 inches</u>
Food Prep Areas Including Bars	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	50 FTC

WATER SUPPLY/PLUMBING CONNECTIONS: NOT APPLICABLE

- Potable (Fresh Water) Tank: Labeled "Potable Water Only" Yes No
- #Gallon Capacity _____ Tank Type: _____
- Inlet Type & Diameter (3/4" or less): _____ Type of solder/glue for tank used: _____
- Ice: Made on Premises (provide ice machine specifications) Purchased Commercially
- Hot Water: Recovery capacity of hot water system _____ KW/BTU _____ #Gallon Capacity
- Backflow Protection: Will the mobile food unit have any backflow prevention devices? Yes No

**The potable (fresh water) system requires the use of a food grade hose to fill the potable (fresh water) tank.*

WASTE WATER DISPOSAL: (Use a separate sheet if needed) NOT APPLICABLE

- Waste water Tank: Labeled "Waste Water Only" Yes No
- #Gallon Capacity _____ Tank Type (RV Type Preferred): _____
- Outlet Type & Diameter (1" diameter or greater): _____

LINENS / LAUNDRY SERVICE: Where will wash cloths be laundered?

- Onsite (Provide details of procedure)
- Offsite – Professional Service Contract (Provide Name)
- N/A – ALL DISPOSABLE

EMPLOYEES' PERSONAL ITEMS STORAGE: (Use additional blank sheet if needed)

Describe Location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas:

Approval of these plans and specifications by the Northeast Texas Public Health District (NET Health) does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District (NET Health) may nullify final approval.

Signature: _____ Date: _____ Title: _____

Print Name: _____

FOR OFFICE USE ONLY

Application Receipt

Date Received: _____	Pmt. Method: _____	Adv. Consult Fee(\$50): _____	Amt. Owed: \$ _____	Amendment Fee: \$20 _____		
Received By: <input type="checkbox"/> Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Online	Date Entered _____	Permit #: _____		
Menu: _____	CFM: _____	Sales Tax ID: _____	Fed. EIN: _____	501(c)(3): _____	DL/ID for personal check: _____	Ownership Info: _____
VIN #: _____	License Plate # _____					
Floor Plan Rec'd: _____	Rev. Floor Plan Req.: _____	Floor Plan Approved: _____				

Plan Review Process

Reviewed with Operator on (date): _____ Reviewer: _____

APPROVED – NO CONDITIONS APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist

NOT APPROVED – Reason:

Date Plan Review Completed & Issued to Inspector: _____ Assigned To: _____