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“Working towards a healthy and safe Putnam County”

NEW MOBILE UNIT PLAN REVIEW APPLICATION

This application must be completed and submitted to PCHD for review prior to operating a mobile unit. Remember that you must contact PCHD if you make any equipment or menu changes after your mobile unit is approved.

Name of mobile

Address of mobile storage location

Name of Owner/Operator

Address of Owner

Telephone & email

Please identify what type of mobile you are operating:

- Knock-down mobile
- Pre-Packaged, Non-perishable Push-Cart
- Self-Sufficient Vehicle or Trailer
- Vehicle or Trailer that is not Self-Sufficient

Please list the Ohio communities in which you will operate your mobile unit.

**Some cities may have additional operating permits and requirements. Please contact local communities for details and guidance. For example, to set up in front of a business, you may need an additional license or permit.*

As of Sept. 1, 2024 Ohio Administrative Code 3701-21-25(K)(4) requires high risk mobile food service operations initially licensed after this date to have at least one person-in-charge per license holder at each event that has obtained PIC certification. (a link can be found on page 7)

List the names of the Person(s) in Charge during hours of operation and a copy of PIC certificate.

Identify all sources for food items, including your ice supplier

List all of the food and beverage items that you will be preparing and serving

Describe how you will monitor food temperatures

Specify which sanitizer you will be using – you must have sanitizer test strips on hand

Identify the source of your potable water supply.

Describe how water will be delivered to the mobile unit.

Specify the type of backflow prevention valve, such as ASSE-1012 or ASSE-1024, AND the type of food grade hose to be used, such as NSF 61.

**Please confirm whether any of the following activities will be conducted by the mobile unit.
If you answer yes, please describe how the activity will be done.**

Thawing food YES NO

Slicing produce YES NO

Cooling and reheating food YES NO

Serving raw or undercooked food YES NO

Frying food YES NO

Storing food at a location other than the mobile unit YES NO

Address of storage location

FSO/RFE license information

ODA registration information

Equipment

All equipment must be commercial-grade and recognized by listing agency such as National Sanitation Foundation (**NSF**), Intertek Sanitation Testing Services (**ETL-Sanitation**), or UL Sanitation (**UL-SAN, or UL-EPH**). Equipment designed for household use will not be approved.

Be sure that all equipment is shown on drawings or your application will not be accepted or processed.

Complete the equipment table below. Make and model numbers of equipment are required.

#	Equipment Description	Manufacturer	Model Number
1	Prep top cooler	True	ABC-123

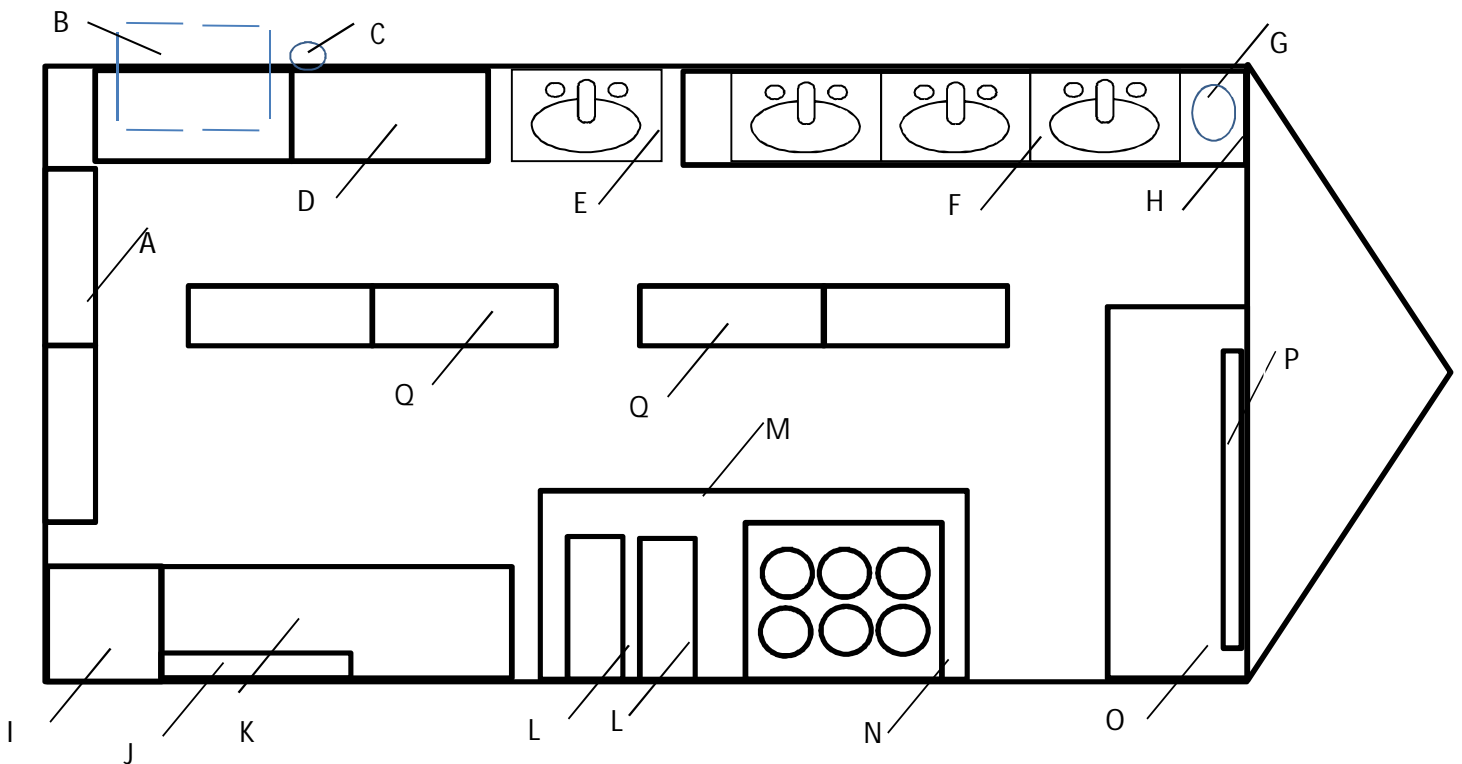
Surface Finish Materials

All surfaces must be smooth & easily cleanable. List the material used in your mobile.

Floor	Ceiling	Wall	Base Coving	Counter	Cabinets/Shelving

Layout of Mobile Unit

Please follow this example and include hot water tank, equipment, chemical storage, etc.



- | | |
|---|--|
| A. Exit Door | I. Dry storage shelving |
| B. Holding Tank | J. Service Window |
| C. Backflow Prevention Device | K. Stainless Steel Table with Shelving |
| D. Fridge/Freezer Combo | L. Fryer |
| E. Handwashing Sink | M. Hood Ventilation System |
| F. Three Compartment Sink with drain-boards | N. Stove |
| G. Hot Water Tank | O. Prep Top Cooler |
| H. Chemical storage under sink | P. Shelving |
| | Q. LED Lights |

Draw the layout for your mobile unit here:

-

Identification

Your mobile unit must be clearly identified when it is in use. The following items must be visible at all times when operating:

- Name of operation
- City of origin
- Zip code
- Phone number

Lettering is required to be a minimum of 3" high by 1" wide

Operation

Prior to the operation of a mobile unit in our jurisdiction, the following steps must be completed:

1. Fill out this application including the equipment list, surface finish materials list, and layout for the mobile unit.
2. Call PCHD to schedule a pre-licensing inspection. When you call to make the appointment, you will receive instructions so that you have everything you need for the inspection.
3. Pay current fee to PCHD by cash, check or money order. You can drop off the fee at our office or mail in your payment. PLEASE DO NOT MAIL CASH.

Whenever your mobile unit is operating after being approved, you must always post the original mobile license with the PCHD-approved drawing. There are no exceptions to this rule.

<https://www.statefoodsafety.com/food-handler/ohio-level-one-certification> is a link to obtain a Person-in-charge certificate. Call the health department if more help is needed for certification. M-F 830a-430p @419-523-5608

Statement from applicant

I hereby certify that the above information is correct. I fully understand that making any change from the above information without prior permission from PCHD may prevent my application from being approved.

Signature(s)

Printed Name(s)

Date of Submission

Approval of these plans and specifications by PCHD does not indicate compliance with any other federal, state or local code, law, or regulation that may be required. Furthermore, 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 fully operational will be necessary to determine if the mobile unit complies with the governing local and state laws.

****Licensor to complete below***

PCHD Representative

Date

Restrictions

Permit Effective Dates

Date of denial of application

Reasons for denying the application
