

**Mobile Food Unit
 Plan Review Application**

Required for all mobile food units new to the City of St. Cloud.

Unit Name: _____

Owners Name: _____

Physical Address: _____

Street City State Zip

Mailing address: _____

Street City State Zip

Phone: _____ Web Address: _____

Contact Person: _____ Phone: _____

Social Media Afilations: _____ Email: _____

Mobile Food Unit:

A food and beverage service which is a vehicle mounted unit, either motorized or trailered, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

Ensure to include:

- ___ Intended menu, source of food, anticipated volume of food to be stored, prepared and sold.
- ___ Proposed layout to scale, including location of equipment, nonperishable food storage, chemical storage, mechanical and plumbing schematics.
- ___ Completed equipment schedule & unit interior finish schedule.
- ___ Manufacturers specification sheets for all equipment including model #, dimensions, installation specifications and detailed information on any custom fabricated equipment, (i.e. hood, cabinets)
- ___ Written procedure on the process to disinfect and sanitize a potable water system and supply hose.

Construction Guidance:

- ◆ Minnesota Department of Health Mobile Food Unit Construction Guide
<http://www.health.state.mn.us/divs/eh/food/license/mfuseaconguide.pdf>

OFFICE USE ONLY			
Date: _____	Receipt: _____	Amount Received: _____	Received by: _____
Review Start: _____	Review Completed: _____	Review sent by: postal mail	email
Approved by: _____	Issued: _____	TRAKit Code: _____	

Commissary:

- ◆ Location where the unit is stored, cleaned and serviced: _____

Menu Information:

- ◆ Attach a menu that includes all food and beverage items. Describe how items are stored, prepared and served. All food must be prepared on site unless operating from a licensed establishment.
**No home preparation is allowed.

Potable Water System and Wastewater Disposal

1. Where will the potable water come from for the fresh water system in the mobile unit? (well water is not approvable)

2. The water tank inlet, outlet and hose are required to have a cap and keeper chain or other appropriate protective equipment device.
3. The fresh water system will generally require the use of a food grade hose. Describe how the tank is filled.

4. When a waste water dumping station is not available at the location of operation where would you dispose of the liquid waste generated by the mobile unit? _____

Notes:

- ◆ A residential well is not an approved water supply source. Approved sources include bottle water, or a municipal water system.
- ◆ The liquid waste/grey water holding tank must be 15% larger than the fresh water tank.
- ◆ Waste water must be disposed of directly into a sanitary sewer system such as a dumping station. In some cases, if the unit is operating at an organized event, the event coordinator will provide a waste water receptacle.

Sanitization

1. What type of sanitizing agent will you use? _____ chlorine _____ quaternary ammonia _____ Iodine
2. A test kit is required to be available at all times including the pre-opening inspection.
3. Describe how the potable water system will be sanitized. _____

Equipment Information:

- ◆ The mobile unit must be able to operate as a single self-contained unit.
- ◆ An equipment specification sheet from the manufacturer should be provided for each item on the form with the application for review during the plan review process.
- ◆ The equipment schedule form must include all equipment items needed to operate the unit on page 3.
- ◆ The items expected to be listed on the equipment form include: water heater, fresh water tank, waste water tank, three compartment sink, food preparation sink, hand washing sink, refrigeration units, generator, food service equipment, fire extinguisher, custom casework/cabinets/counters, and a food grade water hose.

◆ Is this operation currently licensed with another Minnesota Health Department? YES NO

*If yes provide a copy of the current license.

*Provide copy of Commissary agreement, with name, address, and phone number.

◆ Mobile Food Unit - (check menu type below)

Mobile food unit with reciprocity

Provide copy of mobile food unit license with another jurisdiction \$100 _____

Full food service without reciprocity

Cooking, extensive holding, etc. \$200 _____

Limited food service without reciprocity

Prepackaged or uncut produce \$100 _____

TOTAL DUE: _____

Plan Review Process:

1. Submit your plan review application, all required information and appropriate fee.
2. Staff reviews plans in the order they are received. In order to provide timely and accurate review of your application, all required information must be received before staff can process your plan review.
3. Staff might call or email you when review starts, and to request any needed additional information.
4. When review is complete, you will receive a letter reporting the findings of the review (approval or denial).
5. Begin construction after approval to avoid costly corrections and delayed openings.
6. Submit the license application and appropriate fee 14 days prior to project completion by the prospective licensees.
7. Contact City of St. Cloud Health & Inspections Department to request a preoperational inspection.
8. Once license is issued it must be posted during operation. The license will be valid for the calendar year (January 1 through December 31) and must be renewed annually.

Plan Review may take up to 30 days to review. Incomplete plans may take longer.

The signature indicates that I understand that failure to submit the required information and fees will delay or stop the plan review process. I understand that it is my responsibility to submit all required fees and obtain all necessary approvals prior to operating. I understand that construction or demolition may not occur without the appropriate permits by the City of St. Cloud Building Safety Department.

Signature

Printed name

Date

Relationship to Applicant: Owner Other: _____