



## EAST SHORE DISTRICT HEALTH DEPARTMENT

### Plan Review Application for Mobile Vendor Food Service

Food service business name: \_\_\_\_\_

Name of owner(s) of business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address of owner if different \_\_\_\_\_  
\_\_\_\_\_

Owners Telephone number(s): \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-mail address: \_\_\_\_\_

Proposed class 1 2 3 4

Is the owner/operator a certified Qualified Food Operator (QFO)? yes no

Name of approved examination for QFO \_\_\_\_\_

#### **Method of cooking** on site (check all that apply):

- |                                   |                                     |                                   |                                      |
|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Steaming | <input type="checkbox"/> blanching  | <input type="checkbox"/> roasting | <input type="checkbox"/> broiling    |
| <input type="checkbox"/> Smoking  | <input type="checkbox"/> stewing    | <input type="checkbox"/> barbeque | <input type="checkbox"/> grilling    |
| <input type="checkbox"/> Boiling  | <input type="checkbox"/> sautéing   | <input type="checkbox"/> baking   | <input type="checkbox"/> deep frying |
| <input type="checkbox"/> Brazing  | <input type="checkbox"/> pan frying | <input type="checkbox"/> roasting |                                      |

#### **Foods** for menu (check all that apply)

Fruit  commercially packaged and pre-washed  
 washed and processed on site

Vegetable  commercially packaged and pre-washed  
 washed and processed on site



**EAST SHORE DISTRICT HEALTH DEPARTMENT**

**There shall be no home cooking, no home preparation and/or no home storage of food offered on mobile vendor units.**

List of foods that are leftover at the end of the business day: \_\_\_\_\_

\_\_\_\_\_

How and where will you store the leftover food? \_\_\_\_\_

\_\_\_\_\_

Where will you store extra paper goods and extra food? \_\_\_\_\_

\_\_\_\_\_

How will you reheat leftover food? \_\_\_\_\_

\_\_\_\_\_

**Equipment** (check boxes that apply for all equipment installed on the mobile unit.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grill            | <input type="checkbox"/> Coffee maker          | <input type="checkbox"/> Steamer                          |
| <input type="checkbox"/> Hot holding unit | <input type="checkbox"/> Soup warmer           | <input type="checkbox"/> Sandwich making unit (cold food) |
| <input type="checkbox"/> Deep fryer       | <input type="checkbox"/> Oven                  | <input type="checkbox"/> Under counter refrigerator       |
| <input type="checkbox"/> Microwave        | <input type="checkbox"/> Freezer               | <input type="checkbox"/> Thermal box                      |
| <input type="checkbox"/> Hand wash sink   | <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> Three compartment sink           |

**Chemicals** (name of sanitizing chemical you will use on mobile unit.)

- |                                   |  |                                 |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Quaternary ammonium | <input type="checkbox"/> Iodine |
|-----------------------------------|--|---------------------------------|

**Water tank**

How often is the water tank cleaned? \_\_\_\_\_

How do you clean the water tank? \_\_\_\_\_

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688 EAST MAIN STREET, ORCHARD RESEARCH PARK • BRANFORD, CONNECTICUT 06405

TELEPHONE: (203) 481-4233 FAX: (203) 483-6894

[www.esdhd.org](http://www.esdhd.org)

**EAST SHORE DISTRICT HEALTH DEPARTMENT**

You may not discard your wastewater into a storm drain or onto a street, or onto a driveway that runs into the street. Where do you dispose of the waste water?

\_\_\_\_\_

**Garbage** (Dimensions [size] and brand of trash can you will have for your mobile vendor unit)

\_\_\_\_\_

Where and how will you dispose of your garbage on the mobile vending unit?

Address \_\_\_\_\_

Name and address of food vendor personnel \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and address of food vendor personnel \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and address of food vendor personnel \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

## EAST SHORE DISTRICT HEALTH DEPARTMENT

The undersigned agrees to comply with all regulations and ordinances enforced by the East Shore District Health Department (ESDHD). You must contact the ESDHD at (203) 481-4233 if you propose further changes in menu, equipment, facility, or any of the above referenced information.

Owner/Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

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### The following documents must be submitted for review:

- Proposed menu
- Detailed plan of mobile unit drawn to scale, (minimum ¼ inch = 1 foot) show location of equipment.
  - a. you may also submit photographs with the drawings
- Proposed equipment specifications
- Provide a detailed list of proposed method of food processing including cooking on the mobile unit.
- Name and address of base of operations.
- Copy of food license and most recent food service inspection report.
- If your business has more than one vehicle or cart, each vendor must be identified.

**There shall be no home cooking, no home preparation, and/or no home storage of food offered on mobile vendor units.** All foods must be obtained from a licensed and permitted wholesaler or food distributor. Where is the food purchased?

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# EAST SHORE DISTRICT HEALTH DEPARTMENT

Name and address of base of operations:

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You may not use city trash cans to dispose of your refuse. You must bring a waste can with you for your customers and remove the refuse from the site. Discarding your refuse in city trash cans may result in a fine, a ticket or revocation of your permit.

Type of water supply?      public water      well

*Mobile vendors on private water supply wells must submit a complete water analysis of a report from a state certified laboratory prior to the issuance of an annual license.*

List all locations you will make in ESDHD and the time of day you will be at those locations.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

-----For office use only-----

**ESDHD Approval date:**    /    /      **Signed:**                              **Title:**  
**Comments:**