



EAST SHORE DISTRICT HEALTH DEPARTMENT

Plan Review Fee: Half of License Fee

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 Certified Food Protection Manager? (CFPM)? yes no

Name of approved examination for CFPM _____

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

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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? _____

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

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

www.esdhd.org

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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 _____

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?
