



Mobile Food Establishment Plan Review

CHECKLIST

The following are REQUIRED to complete your review:

- A. \$100 Application fee
- B. A brief written description of the scope of work. Describe your mobile operation
- C. Provide proposed menu
- D. Provide drawings and/or photos of the mobile unit. If photos are provided, ensure that photos are taken inside and outside the mobile unit including pictures of water tanks, water inlets/outlets, water heaters, hand sinks, refrigerators, and any equipment used to prepare food.
- E. Provide equipment specification sheets. These must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- F. Provide completed Retail Food Establishment License Application.
- G. Provide Completed Plan Review Packet (Attached).

Within fourteen (14) working days of the receipt of the above information, you will receive a response from our offices.

Note: Additional Fees – Plan review fees, separate from the application fee, will be due at the time of the licensing. Fees charged will not exceed \$580.00 and are set at an hourly rate. Review of the plans include consultations in the office or by phone, and any preoperational inspections necessary to open the mobile unit.

Application Date: _____

MOBILE UNIT PLAN REVIEW FORM

ESTABLISHMENT INFORMATION

Name of Mobile Unit:		Phone:
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Self-Contained Unit ¹ <input type="checkbox"/> Prepackaged Only ²		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website:		

OWNERSHIP INFORMATION (proprietary rights per C.R.S. 25-1605)

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

CONTACT INFORMATION (CHECK IF SAME AS ABOVE)

Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

LICENSING INFORMATION

Has your mobile unit been previously licensed?		Sales Tax #
If YES, provide the following information	Year:	State & County where licensed:
If NO, is the construction of the mobile unit complete?		
Days and Hours of Operation Insert hours in the following format: 8am to 8pm		
Days:		
Hours:		
Seasonal: Yes <input type="checkbox"/> No <input type="checkbox"/> List months of operations:		
Projected maximum number of meals to be served.		
Number of meals per week:		

¹ **Self-Contained Mobile Unit:** See definition and additional requirements. Annex Page 10

² **Prepackaged Only:** For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

Provide information on how people can find your mobile unit.

Facebook:	Twitter:	Mobile App:
Food Truck Row Location:		
Location used most frequently:		

MENU AND FOOD HANDLING PROCEDURES

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

FOOD HANDLING PROCEDURES				
Procedure	Y	N	If yes, indicate where procedure will take place	
			Commissary	Mobile
Will food be held cold?				
Will food be held hot?				
Will produce need to be washed?				
Will food be cooled after cooking?				
Will food be reheated after cooling?				
Will food that is frozen need to be thawed?				
Will food be cooked? (example: raw meat)				
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?				
Will foods be prepared that will be sold to other establishments?				
Will catering be conducted?				

**** Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling****
****Preparation of food or storage of any items related to the operation is prohibited in a personal home.****

Food Handling Procedure Descriptions

Complete Applicable Sections

- A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

- Under refrigeration
- Rapid Cooling equipment
- Other: _____
- Ice water bath
- Shallow Pans
- Adding ice as an ingredient
- Separating food into smaller portions

PHYSICAL FACILITIES

FINISH SCHEDULE						
INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless</i> <i>Example</i>	<i>Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i> <i>Example</i>	<i>Smooth</i>	<i>Stainless</i> <i>Example</i>	<i>Smooth</i>

Windows and Doors: To prevent the entry of pests, outer openings must be protected.
 Are windows and doors screened? _____ unit is a push cart?

If no, please describe how the unit will be protected from pest entry:

Are service windows self-closing? _____ unit is a push cart?

If no, please describe how the unit will be protected from pest entry:

Ventilation: *If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood may be required.*

If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFM)s.

VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

**Please note: Fire suppression systems may be required in certain jurisdictions. Please contact your local fire department. For more information on fire safety in mobile units please visit this link:

<https://www.nfpa.org/-/media/Files/Public-Education/By-topic/Food-trucks/FoodTruckFactSheet.pdf>

REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

HOT HOLDING UNITS		
TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Steam Tables		
Hot Box		
Cook & Hold Units		
Other hot holding storage:		

UTENSILS AND WAREWASHING

A. Where will utensil washing take place? (Check all that apply)

Commissary

Mobile Unit

If utensil/equipment washing will take place on the mobile unit, provide specifications for the compartment sink in Table below.

MANUAL WAREWASHING				
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.****

WATER SYSTEMS:

A. Provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan. Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth easily cleanable surface. A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use. 5-304.11

B. Hot Water

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

Water Heater

Instantaneous water heater

Other (specify): _____

2. If a water heater is installed, complete the table below:

WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity

C. Water Supply Information

1. Provide location where water will be obtained below.

Business Name Street Address City State/Zip

2. Provide total capacity of all potable water supply tanks (in gallons) below.

3. Provide the maximum number of hours operating between filling water supply tank/s.

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

3-compartment sink

Hand sink (Indicate number of sinks): _____

Food preparation sink

Pre-rinse sprayer

Utensil soak sink

Mop sink

Dish Machine

Toilet

Other (specify): _____

D. Wastewater Tank/Disposal Information

1. Provide location where wastewater will be disposed of below.

Business Name	Street Address	City	State/Zip
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2. Provide wastewater tank capacity (in gallons) below.

NOTE: The wastewater tank must be at least 15% larger than water supply tank.

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different colored or sized removable tanks
- Different threads on inlet and outlet
- Other (specify): _____

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (chemical additives are not allowed). Temperatures in Colorado frequently drop below 32°F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months. Without water you cannot operate your mobile unit.

6-402.11 Toilet rooms shall be conveniently located and accessible to employees during all hours of operation.

COMMISSARY AGREEMENT

_____ Date

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give my permission to _____ of _____
(Mobile Unit Owner/Operator) (Name of Mobile unit)

to use my kitchen facilities to perform the following tasks on their operational days:

- Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single service items, and cleaning agents
- Service and cleaning of equipment
- Other (specify) _____

A **Commissary Use Log** will be maintained and made available to the department upon request. Indicate how and where the commissary use log will be maintained:

Commissary Water Supply:

- Public Private Public Water System ID Number (PWSID#) _____

Commissary Sanitary Sewer Service:

- Public Private

Commissary Start Date _____ Commissary End Date _____

Signature _____ Date _____
(Commissary Owner/Operator)

Commissary Contact phone number: _____

Commissary Email address: _____

***** ***This Commissary Agreement is valid until the end date*** *****