



PLAN REVIEW APPROVAL PROCESS FOR A MOBILE FOOD ESTABLISHMENT

A MOBILE FOOD ESTABLISHMENT IS READILY MOVEABLE. The MOBILE must be completely self-sufficient for the level of food service planned OR be operated in conjunction with a stationary COMMISSARY food establishment. Whenever you create a new MOBILE food establishment, OR take over, remodel or significantly change the menu at an existing MOBILE establishment there is a 5 part process you must go through.

Contact respective jurisdictions for the following:

- a. Jurisdictional planning department for zoning approval if you plan to locate in one main service location.
- b. Jurisdictional Fire Marshal if you are heating or cooking food within the MOBILE.
- c. Washington State Department of Labor and Industries approval for a mobile food vehicle IF your unit is licensed as a vehicle, people work inside, it has electrical power or propane piping or water/drain system.

FOR PUBLIC HEALTH APPROVAL: Complete and submit the MOBILE plan review application with the plan review fee payment and all required supplemental documentation. Review will not begin until all required documents are received. Allow 30 days for review.

1. After our department has provided written/e-mail approval of the project, construct or remodel the MOBILE FOOD ESTABLISHMENT. The approval will be valid for two years after issuance. **Plan review communication will occur via e-mail unless otherwise requested by the applicant.**
2. **For remodel or new construction:** When MOBILE construction is completed per plans and all equipment, plumbing, and finishes are installed and functioning, call 416-1500 to schedule a pre-opening inspection. Allow two weeks to schedule the inspection. **Make sure that you obtain any other necessary approvals of the MOBILE (fire marshal, L & I, etc.) PRIOR to scheduling the Health Department pre-opening inspection.**
3. Obtain final approval of the MOBILE re-opening, new construction, or remodel project from our department during the pre-opening inspection. Complete the application for the annual MOBILE operating permit for your establishment and pay all applicable annual permit fees.
4. Open the MOBILE food establishment and begin service. The first routine unannounced inspection by our department will occur within 45 days of opening. The operating permit will be mailed.

Plan Review Fees are assessed per Schedule of Charges for categories below

- **New Permit Holder for MOBILE previously approved by Skagit County Public Health**
- **Remodel or significant menu change for MOBILE**
- **New approval/construction of MOBILE through Skagit County Public Health**

AN ADDITIONAL HOURLY CHARGE MAY APPLY

A complete description of the retail MOBILE food facility and equipment requirements can be found in the Washington Administrative Code (WAC) 246-215 and Skagit County Code 12.36. See www.skagitcounty.net or <http://www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/FoodSafetyRules.aspx>



EH Permit ID: _____
Fee: _____ Receipt #: _____
Received by: _____ Date: _____

MOBILE Food Establishment Plan Review - Fees Assessed per Schedule of Charges
Check all that apply

- New PERMIT HOLDER of Skagit Public Health approved mobile** **\$200.00**
- Significant menu change or remodel of existing mobile** **\$300.00**
- New construction or new approval Mobile** **\$500.00**

TOTAL DUE.\$ _____

I will pay by cash check credit card (person and number to call for credit card information _____)

Plan Review Information - Mobile Food Establishment

Mobile name: _____

Mobile type: Food truck Food trailer (enclosed, towed by vehicle) Food cart (open, moved by person)

Service/parking location address: _____ City: _____ Zip: _____

Mobile license plate # _____ Mobile L&I # _____

Applicant name: _____ Applicant phone: _____

Applicant mailing address (include city, zip) _____

Applicant email: _____ Applicant role: (contractor, operator, etc.) _____

Owner name: _____ Owner phone: _____

► What is the expected date of opening? _____

Re-opening of an existing mobile under a new name
★What is the name of the previous establishment? _____
★When did it close? _____

Will Permit Holder use a stationary Commissary for any of the activities below? Yes No

IF YES, check all that apply and complete Commissary Agreement. If NO, complete Commissary Waiver.

- Store shelf stable food Wash/rinse/sanitize food contact equipment and utensils
 Store refrigerated or frozen food Wash and cut produce
 Prepare raw meat Cook and cool foods for reheating and service from mobile

Will MOBILE be returned to a Service Location? Yes - How often _____ No

IF YES, complete address of Service Location: _____

- Clean mobile Dispose of garbage/solid waste
 Fill potable water tank Dump waste water to sanitary sewer

Check ALL activities below that will occur IN THE MOBILE

For each activity checked you must document equipment and methods on attached tables and show equipment on floor plan of MOBILE. IMPORTANT - COOLING of hot foods is NOT allowed on MOBILE.

- REFRIGERATE FOOD DURING SERVICE HOURS
- REFRIGERATE FOOD DURING TRANSIT
- REFRIGERATE FOOD OVERNIGHT OR WHEN NOT SERVING TO PUBLIC
- COOK MEAT, POULTRY, OR SEAFOOD FROM RAW
- COOK VEGETABLES OR OTHER NON-MEAT FOODS FROM RAW
- HEAT AND HOT HOLD FOOD DURING SERVICE HOURS
- HEAT AND/OR HOT HOLD FOOD OVERNIGHT OR WHEN NOT IN SERVICE TO PUBLIC
- WASH PRODUCE
- CUT OR OTHERWISE PROCESS PRODUCE
- ASSEMBLE FOOD FROM MULTIPLE INGREDIENTS (SUCH AS SANDWICHES, TACOS, PIZZA)
- BAKE FOODS
- THAW FROZEN RAW MEAT, POULTRY, SEAFOOD
- PORTION RAW MEAT, POULTRY, SEAFOOD
- PREPARE BLENDED DRINKS
- PREPARE ESPRESSO DRINKS
- WASH-RINSE-SANITIZE EQUIPMENT AND UTENSILS

WATER

Fresh water tank volume in gallons: _____ Tank material: _____

Waste water tank volume in gallons: _____

Estimated maximum number of food orders to be filled each service day: _____

Number of employees planned to work in mobile at one time: _____

Maximum total hours of food service between emptying of waste water tank and filling of potable water tank:

of days of service _____ X # hours in each service day _____ = Total hours _____

Potable water service location name/address: _____

Public water system name/PWSID for service location: _____

Waste water service location name/address: _____

Describe how often and method used to sanitize potable water tank:

STORAGE

Total volume of refrigerated food storage space on mobile in cubic feet: _____

Total volume of shelf-stable food storage space on mobile in cubic feet: _____

Table A: Electrical and Fueled Equipment

Complete all information below for each mobile equipment item that uses electricity or fuel to operate. **Label each item by number on the floor plan.** If equipment is powered by propane or other fuel enter type of fuel under voltage.

Item #	Equipment Name	Make and Model	NSF or ANSI approved For food service?	Voltage or Fuel	Appliance Amperage
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Maximum wattage available on mobile: _____ Watts

Note: Maximum wattage available must be able to meet the demands of the electrical equipment listed in Table A

Table B: Sinks

Item #	Sink Purpose	Make and Model	NSF or ANSI approved For food service?	Dimensions in inches of each compartment (L x W x D)
S1.				
S2.				
S3.				
S4.				
S5.				
S6.				

Dimensions of largest items to be washed-rinsed-sanitized on mobile in inches: _____

Table C: Surface Finish Schedule

Complete information below for all MOBILE surface finishes for food preparations counters or tables, floors, walls, ceilings. Describe backsplash finishes extending 2' from rim surface behind all sinks and food preparation counters. Add rows as needed.

Location #	Specific location – describe in detail (ex: Mobile floor, sandwich prep table, HW sink back splash, etc.)	Finish material (ex: FRP, linoleum, stainless steel etc.)
F1.		
F2.		
F3.		
F4.		
F5.		
F6.		
F7.		
F8.		

SUBMIT ONE PAPER COPY AND ONE ELECTRONIC COPY OF ALL PLAN DOCUMENTS LISTED BELOW.

If you are unable to submit an electronic copy, paper only will be accepted.

- MOBILE floor plan** drawn neatly and to scale with all information below clearly labeled on plans.
 - Sinks (handwash, produce prep, meat prep, 3 compartment dish sink)
 - Equipment (hot holding, refrigeration, cooking, mixing, cutting, ice makers, beverage machines, etc.)
 - Plumbing (grease trap, indirect drainage, backflow prevention devices, water tanks and sizes for mobiles, etc.)
 - Food preparation areas, labeled for type of preparation (produce, raw meat, cooked meat, sandwich, etc.)
 - Restroom - if present must have separate potable water and waste water supply tanks shown on plans
 - Food and equipment storage areas
 - Chemical storage areas
- MENU**
- Written description of all food preparation steps that will occur on MOBILE for each menu item**
- Written description of all food preparation steps that will occur in COMMISSARY if applicable**
- COMMISSARY AGREEMENT if applicable**
- Lease agreement** when Permit Holder/Business Owner will be different from mobile vehicle owner

Applicant Signature

*Include on the plans the statement **“PLAN CHANGES REQUIRE SKAGIT COUNTY PUBLIC HEALTH APPROVAL”***
The information provided in this application is accurate and complete. I agree to comply with Washington State and Skagit County Department of Public Health regulations regarding the above-named facility:

Signature

Date



COMMISSARY AGREEMENT

DEFINITIONS:

Vendor Permit Holder for mobile, catering, or temporary food establishment using Commissary. Vendor must sign agreement.

Commissary Licensed stationary food establishment approved for use by vendor for specific food and equipment related activities. Permit Holder for Commissary must sign agreement.

All food establishments must operate out of an approved facility. Mobile, Catering, or Temporary Food Establishments may require a Commissary for various food preparation or other support activities. This agreement signifies that both parties agree to Vendor's use of facilities for services listed below. **Vendor may not use a different commissary without prior approval. This agreement must be renewed annually or in the event of any changes. This agreement is not transferable.**

VENDOR INFORMATION

Business name: _____	Permit Holder: _____
Mailing Address: _____	UBI# _____
Phone: _____	E-mail: _____

COMMISSARY INFORMATION

Business name: _____	Permit Holder: _____
Mailing Address: _____	UBI# _____
Phone: _____	E-mail: _____

I am the Permit Holder for the Vendor and the Commissary.

As Commissary Permit Holder, I agree to allow the Vendor to use this location for the following checked activities. All activities checked are allowed under Commissary's Health Department approved plans. Vendor use will be during days of the week and times that will not interfere with Commissary food preparation or service. All Vendor food storage (shelf stable or refrigerated/frozen) will be in designated locations labeled for use only by Vendor.

Vendor is approved to use Commissary during these days and times:

- Sun-hours: _____ Mon-hours: _____ Tues-hours: _____
- Wed-hours: _____ Thurs-hours: _____ Fri- hours: _____
- Saturday-hours: _____

I, Commissary Permit Holder, agree to allow the Vendor to conduct the following activities in my licensed food establishment:

- Fill tank or containers from potable water supply - Public Water System Name: _____
- Dispose of waste water to mop or utility sink or waste water dump station with sanitary sewer/septic connection
- Store shelf stable food in designated labeled location to be used only by Vendor
- Store food in refrigerators or freezers in designated labeled locations to be used only by Vendor
- Prepare produce at designated produce prep sink and produce prep counter
- Cut or otherwise prepare raw meat at designated raw meat prep counter
- Cook, grill, fry, or bake using approved equipment
- Cool hot foods for later service in a walk-in refrigerator able to maintain foods 41 or below. Vendor cooling area is designated and labeled for use only by Vendor.
- Clean and sanitize equipment and utensils in a 3 compartment sink or commercial dishwasher
- Store equipment and utensils in designated labeled Vendor storage area
- Clean mobile unit and dispose of cleaning water to utility or mop sink

Commissary Permit Holder's Signature *Date*

Commissary Permit Holder's Printed Name

I agree to use the above named Commissary for the activities checked above:

Vendor's Signature *Date*

Vendor's Printed Name

Health Department review by:

Date:

Commissary Agreement Approved Yes No



Skagit County Public Health Mobile Waiver of Commissary Request

700 South 2nd Street #301
Mount Vernon, WA 98273
Phone: 360-416-1500
e-mail: EH@co.skagit.wa.usl

Mobile Name: _____ Operator Name: _____

Storage of mobile operation when not in operation – provide business name and street address:

Describe each food to be stored and prepared on the mobile in the table below. **All storage, preparation, cold holding, cooking, hot holding must occur on the mobile. Specify under Food if this is a commercially pre-washed, pre-cut item.**

FOOD	PURCHASED FROM WHAT SOURCE?	Wash, Cut, or Chop	REFRIGERATE	COOK	HOT HOLD
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the mobile will be protected from environmental contamination when not in use:

PERMIT HOLDER AGREEMENT

I, _____, as the Permit Holder of this mobile food establishment agree to comply with the following requirements in order to safely operate my mobile food service without the use of a commissary kitchen or formal servicing area.

- The mobile food unit contains all equipment and utensils needed for complete onboard preparation of an approved menu;
- The mobile food unit is protected from environmental contamination when not in use;
- The mobile food unit can maintain required food storage temperatures during storage, preparation, service, and transit;
- The mobile food unit has a dedicated handwashing sink to allow frequent handwashing at all times;
- The mobile food unit has adequate water capacity and ware washing facilities to clean all multiuse utensils used on the mobile unit at a frequency specified in state board of health rules;
- The mobile food unit is able to store tools onboard needed for cleaning and sanitizing;
- All food, water, and ice used on the mobile food unit is prepared onboard or otherwise obtained from approved sources;
- Wastewater and garbage will be sanitarly removed from the mobile food unit following an approved written plan or by a licensed service provider

Signature: _____ Date: _____

Plan reviewed by Health Department Food Safety Staff: _____ Date: _____

Plan Approved: Yes No