MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF PUBLIC HEALTH

PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

LICENSE APPLICATION
TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Check (✓) type of application: ◯ Initial Application ◯ Change of Ownership

Establishment Name and Address

Establishment Name:			
Street Address:			
City:	State: PA	Zip:	Municipality: Select an Option
Contact Name for Establishment:			Phone:
Fax:	Mobile:		Email:

Permits and Invoices will be mailed to the Establishment Mailing Address

Establishment Mailing Address ☐ Check (✓) if same as Establishment Address

Street Address:		
City:	State:	Zip:

Owner Information & Mailing Address (individual, association, corporation, partnership, or other legal entity)

Owner Name:			
Street Address:			
City:	State:	Zip:	Phone:
Fax:	Mobile:		Email:

☐

Mobile Unit / Trailer Information

Make:	Model:	Year:	VIN #:	License Plate # :

If Change of Ownership, former name of establishment: _____

Former trade/Corporation Name: _____

All applications must be received with the following:

- Copy of the vehicle registration and insurance.
- Copy of the operator's state driver's license.
- Commissary license and agreement letter.

Application fee $_____ See the current fee schedule (here) or under the permitting and licensing tab at www.montgomerycountypa.gov/513/Public-Health. Fee **MUST** be filed with application. All checks and money orders are made payable to the **TREASURER OF MONTGOMERY COUNTY.**

Mail your completed application, check or money order, and any additional documentation to the appropriate MCOPH regional office. View the regional offices' coverage areas (here), at the top of page 1, or under the permitting and licensing tab at www.montgomerycountypa.gov/513/Public-Health

Application is hereby made for license to operate a food service establishment in Montgomery County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of license. Also, you agree that the establishment will comply with the Montgomery County Public Health Code. You indicate that you have complied with applicable provisions of Act 62 of 1992, which requires any person applying for a food establishment license in the Commonwealth to apply for a sales and use tax license or exemption certificate from the Pennsylvania Department of Revenue.

Print name of owner/authorized agent	**Signature** of owner/authorized agent	**Title**

FOR OFFICE USE ONLY		
Reviewed By:	Date:	
Check Received By:	Date:	
Method of Payment: Check Money Order Cashier's Check	Fee Paid:	Check #:
Assigned To Inspector:	Date:	
Supervisor Approval:	License Expiration Date:	License #:

Montgomery County Department of Health and Human Services
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DIVISION OF ENVIRONMENTAL FIELD SERVICES

Application for Mobile Food Establishment Plan Review

The Montgomery County Public Health Code (MCPHC) requires that all food establishments have a valid permit issued by the Montgomery County Office of Public Health (MCOPH) in order to operate. No food may be prepared or served before MCOPH conducts a final opening inspection and grants approval to operate. Application for licensure and plan review must be submitted at least 30 days prior to the date planned for opening. Properly prepared plans, scaled drawings, specifications and complete payment are to be submitted to MCOPH for review and approval before construction, remodeling, or conversion of an existing structure for use as a food establishment.

Establishment Construction Information:

◯ New ◯ Remodel (check One)

Name of Mobile Establishment:	
Municipality: Select an option	
Owner's Name:	
Owner's Mailing Address:	
Owner's Phone Number:	Owner's E-mail:
Name of Responsible Agent (if other than owner):	Title:
Phone Number:	

Name of Commissary:	
Commissary Address:	
Owner's Name:	Owner Phone Number:

Plan Review Application Fees:

1. Submittal of the plan review fee is required at the time of plan review submittal. This fee is separate from the yearly licensing application / renewal fee. See the current fee schedule (here) or under the permitting and licensing tab at www.montgomerycountypa.gov/513/Public-Health. Checks or Money order must be payable to the order of "The Treasurer of Montgomery County"

2. If the establishment is found not to be 100% compliant at the scheduled final opening inspection, a follow-up opening fee shall be charged for each follow up opening inspection thereafter. Payment must be received prior to re-scheduling an additional opening inspection. See the current fee schedule (here) or under the permitting and licensing tab at www.montgomerycountypa.gov/513/Public-Health.

Mobile Unit Construction:

Anticipated Completion Date:_____
mm / dd /yyyy

Commissary Licensure:

Name:_____
License Number:_____
Licensing authority / Agency:_____
Owner: _____

(Check if Applicable)
☐ Commissary is licensed by an authority other than MCOPH.
A copy of commissary license must be included with application.

Permission of Use / Commissary Agreement Letter:

If the Commissary is under the ownership of an individual or entity other than the owner of the mobile unit under review an agreement letter must be provided. The letter needs to include the following elements:

- Permission to use the facility.
- Must state the areas, equipment, and services provided.
- Must indicate the hours that the commissary is available for use.
- If the facility is another food operation, the letter must indicate that your use of the commissary will occur outside of their operation times and will not affect their operations.
- Dated and signed by the commissary owner and applicant.

*** Note: Failure to provide all required information may delay plan review approval.**

Water Supply at Commissary: *(Check one)*

◯ **Community**

Name of Water Company:_____

◯ **On-site well**

Provide MCOPH with written documentation from a Pennsylvania state certified laboratory confirming that the on-site well water system initially meets the parameters outlined in the Montgomery County Public Health Code Chapter 17 - Individual Water Supply System Regulations. These parameters include **coliform bacteria, pH, nitrates, arsenic, volatile organic compounds (VOCs),** and others as required. Contact the Division of Water Quality Management in Norristown to determine the need for any additional required analyses. Also, contact the PA Department of Environmental Protection Bureau of Water Supply Management to determine requirements for continued well water monitoring established by the PA Safe Drinking Water Act.

Sewage Disposal at Commissary: *(Check one)*

◯ Public
Name of municipal authority: _____

◯ Private on-site
If private, Sewage Enforcement Officer (SEO) approval/Sewage Disposal Permit must be submitted to MCOPH with this packet.

Garbage and Refuse Disposal at Commissary:

Name of Solid Waste Collector (if known):_____

Refuse Disposal Site:_____

Water Supply of Mobile Unit:

Minimal requirements:
2.5 gallons hot water capacity
10 gallons potable water capacity
15 gallons waste water tank
(Wastewater capacity must be at least 15% larger than potable capacity)

Hot water heater capacity: _____

Potable water tank capacity: _____

Wastewater tank Capacity: _____

*Include the hot water heater, potable and wastewater tanks on the "Equipment Schedule" and provide a Manufacturer's specification sheets.

MATERIALS/FINISH SCHEDULE

Surface finishes of a Mobile Food Establishment must be smooth, non-porous, and easily cleanable. Indicate the surface finishes used on all surfaces. Be sure to include all coating materials in an area, paint finishes, and slip resistant textured flooring where applied. Supply manufacturers specification sheets for all surface materials.

SAMPLE

Room/Area	Floors	Cove Base	Walls	Ceiling
Cooking	Diamond Plate with rubber mats	Welded seams	-Stainless Steel Panels	-Stainless Steel Panels
Food Prep.	Diamond plate	Caulked seams	Fiberglass Reinforced Panels	Same as above
Ware washing	Diamond plate	Caulked seams	Stainless Steel Panels	Semi-gloss painted metal
Restroom	Sheet metal	Vinyl cove base	Fiberglass Reinforced Panels	Fiberglass Reinforced Panels

COMPLETE AND SUBMIT WITH YOUR PLANS

Room/Area	Floors	Cove Base	Walls	Ceiling
Cooking				
Food Prep.				
Ware washing				
Restroom(s)				
Other (Explain)				

*** Note: Failure to provide all required information may delay plan review approval.**

EQUIPMENT SCHEDULE

List all equipment in the mobile unit on the schedule below. Be certain to include all sinks, hot water heater, and water tanks. Manufacturer specification sheet must be included for all items. If the equipment is already installed and in your possession you may submit photos of the actual equipment if a specification sheet cannot be supplied. Ensure that the item numbers correspond to item numbers on the floor plans. Additional information can be found in the attached guidelines.

SAMPLE

Item No.	Equipment Description	Name of Manufacturer	NSF approved? Yes/No	Model No.	Method of Installation
1	3-compartment sink	H&M Manufacturing	Yes	A36-3	Sealed to wall GE-1201 sealant
2	Meat Slicer	A&E Equipment Co.	Yes	910	Moveable
3	6-Burner Stove	Atlas Range Co.	Yes	CB-45	Spaced – 8" from wall, 12" on side, 6" off floor
4	Grill	Atlas Range Co.	Yes	30	Moveable-Gas, on casters with special cut-off and quick disconnect coupling
5	Exhaust Hood	Bill's Stainless Steel Metal Fabricator	Yes	Custom Fabric.	Sealed Dow Corning Silastic ® 734 RTV
6	Walk-in Box	Cold King	Yes	30-5x6	Cowled to walls-metal trim stripping

*** Note: Failure to provide all required information may delay plan review approval.**

EQUIPMENT SCHEDULE

COMPLETE AND SUBMIT WITH YOUR PLANS

Item No.	Equipment Description	Name of Manufacturer	NSF approved? Yes/No	Model No.	Method of Installation

***Equipment item number must correspond with the equipment listed on the floor plan (example: Item No. 1 should be on the plan as #1).**

Signature of Owner, Operator, or Representative:

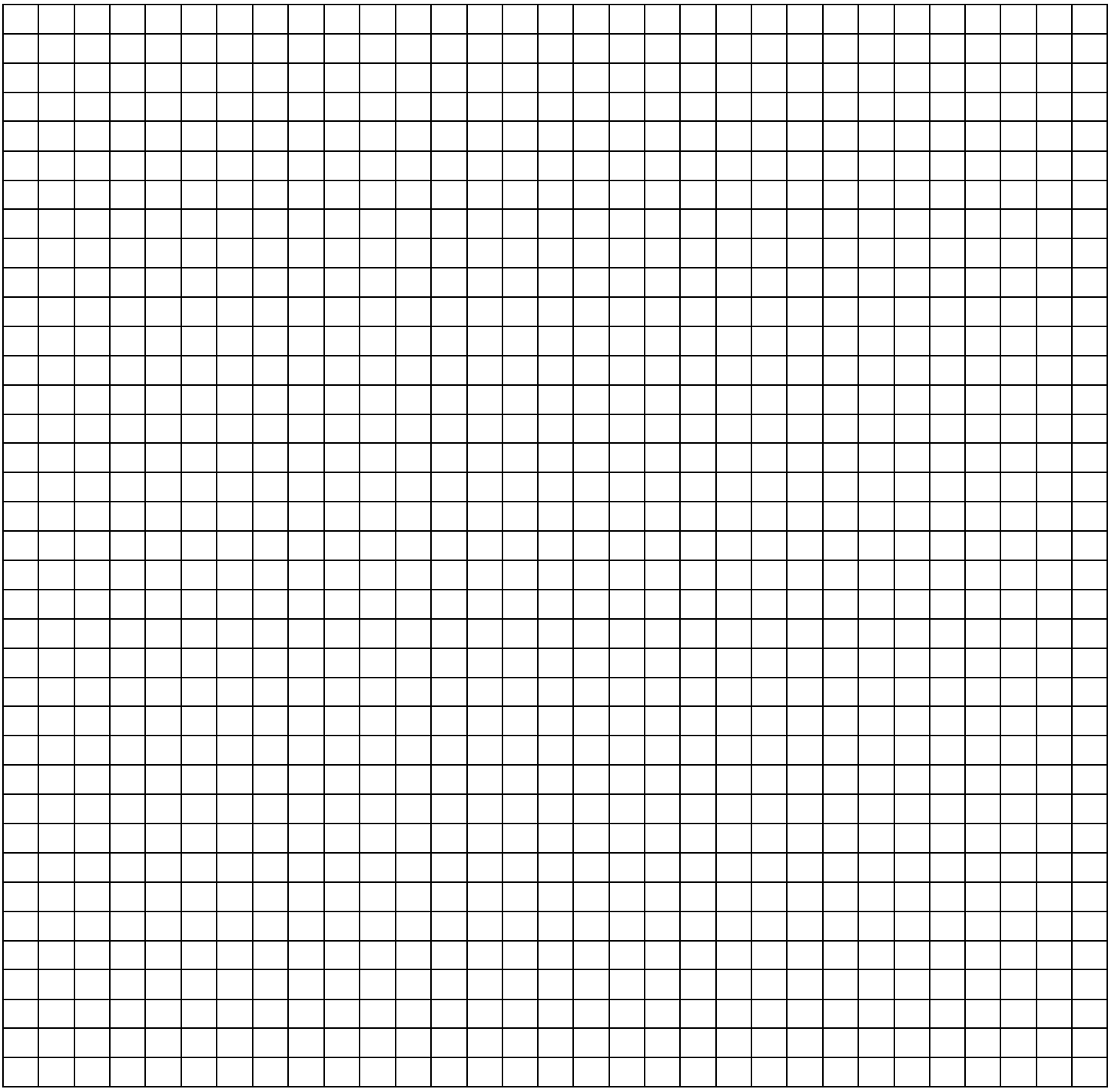
Signature: _____ Date: _____

Title: _____

Floor Plans

Floor plans of the mobile facility must be submitted with the application. You may submit professional drawings or use the graph paper below. The plans must be clear, concise, legible, to scale, and be of adequate size to clearly convey all the needed information. The plans must accurately depict all areas, sinks, equipment, storage areas, etc. Floor plans of the commissary are not required.

Scale: 1 square = _____ft.



PLAN REVIEW REQUIREMENTS

By checking the "**Yes"** box and initialing the following statements certifies that you are responsible for the requirements. All the following items are required unless marked "if applicable". If the following items are not included in the Plan Review Packet, the plans will not be approved by MCOPH.

Initials

1. Submitted check or money order for both the license fee and the plan review fee, made payable to "The Treasurer of Montgomery County" Yes ☐ _____
2. Commissary information accurate and complete, with supporting documentation attached? Yes ☐ _____
3. Completed surface finish schedule and equipment schedule; included manufacturer spec sheets for all equipment? Yes ☐ _____
4. Included copy of vehicle registration, insurance, & driver's license? Yes ☐ _____
5. Drawing / blue prints drawn to scale and attached? Yes ☐ _____
6. Included copy of menu or description of foods to be handled? Yes ☐ _____

Special Considerations:

1. Chemical sanitizer provided on site? Yes ☐ _____
   (approved sanitizers include: chlorine, quaternary ammonia, iodine)
2. Appropriate chemical test kits provided (test kit must correspond with sanitizer)? Yes ☐ _____
3. Are handwash sink faucets self-closing or metered ? (if applicable) Yes ☐ _____
   Note: Length of water flow time must be greater than 15 seconds.
4. Water temperature of minimum 110°F at warewashing sinks and minimum 85°F at hand sinks? Yes ☐ _____
5. Food probing thermometer provided for determining food product temperature? Yes ☐ _____
6. Light shielding provided at all required areas? Yes ☐ _____
7. All sewage or gray water lines have a protective barrier when over food, food contact items etc? Yes ☐ _____
8. No food is permitted on site until MCOPH conducts a final opening inspection and grants written permission? Yes ☐ _____

GUIDELINES FOR MOBILE FOOD ESTABLISHMENT PLAN REVIEW PREPARATION

Preplanning

- Review thoroughly the Chapters of the Montgomery County Public Health Code (MCPHC) applicable to the specific type of food establishment planned prior to and during preparation of plans and specifications. Reference to FDA food code mobile matrix.

- Discuss any unanswered questions regarding licensing and requirements for licensing and plan review with your regional MCOPH Plan Review Coordinator.

- Complete an "Application for Mobile Food Establishment Plan Review" which is to be submitted with the plans and specifications. Plans will be approved for a period not to exceed two years. Resubmission may be required two years after the date of approval.

- Complete a food establishment license application and submit with plan review unless the facility is undergoing renovations and already holds a valid food establishment license.

- Submit completed plan review, fees, and supporting documentation and obtain approval from MCOPH **PRIOR** to beginning work.

- Contact the municipality where you may operate concerning the need for and sizing of grease traps, ansul systems, hoods, etc, as well as any permitting or inspections that may be required.

- The proposed mobile food establishment work must conform to all applicable local codes (fire codes, etc.), as well as requirements of the Pennsylvania Department of Labor and Industry, Department of Environmental Protection, the Liquor Control Board, and any other applicable local, state, or federal agency requirements. (Receiving approval from MCOPH does not preclude the requirement to obtain approval from such agencies.)

Preparation of Plan Review Packet

Additional information required to be shown in plans when applicable:

1. Indicate materials or method for sealing utility lines that run through walls, floors, and ceilings.

2. Indicate materials and methods for installation of beverage systems. Concealed lines and penetrations through void spaces require approved sleeves and/or conduit.

3. **Vermin Control**

    a. Indicate self-closing devices on doors where required.

    b. Indicate screening or other insect exclusion devices on exterior opening (include mesh size of screening, minimum 16 mesh to the inch) on exterior openings **including service windows**.

c. Indicate the locations of pest-control devices

4. **Water Supply**

a. Mobile water tanks shall be sloped to an outlet that allows complete drainage of the tank. If vented the vent must terminate downward and be protected from contamination.

b. The mobile water tank's inlet, outlet and hose shall be provided with a protective cover, cap, or other means of protection from contamination.

c. The mobile water tank inlet shall be ¾ inch in diameter or less and provided with a hose connection of a size or type that prevents its use for any other service.

d. Potable water tanks shall be filled with a dedicated, clearly identified, food grade hose. Food grade hoses are white with a blue stripe or labeled by the manufacturer as "food grade".

e. Three basin sink use letter- Letter stating all utensils will be returned to the commissary for washing, rinsing and sanitizing. Include in the letter that extra utensils will be available to replace any that may become soiled or contaminated.

f. Potable water supply must meet with state and local requirements. Sufficient hot water to meet the peak demands shall be provided under pressure to all plumbing fixtures and applicable equipment. Minimal requirements include 2.5 gallon hot water capacity, 10 gallon potable capacity, 15 gallon waste water capacity. For larger systems the waste water tanks shall be at least 15% larger than the potable water tank.

5. **Liquid Waste**

a. Sewage shall be disposed at the commissary location through an approved community sewage treatment plant or an individual sewage disposal system that is sized, constructed, maintained, and operated according to law.

b. Non-sewage liquid waste shall be disposed in a manner that will not create a public health nuisance.

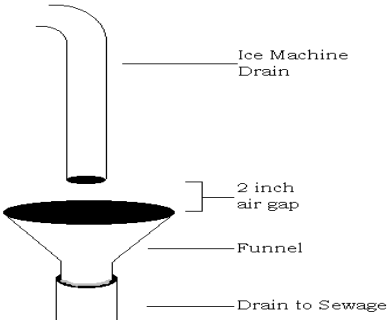
c. All potable water supplies must not connect directly to liquid waste disposal systems.

d. The mobile waste water tank inlet shall be 1 inch in diameter or greater and equipped with a shut off valve.

e. All sink faucets must be properly air-gapped from the rim level of the sink. A proper air gap is one that is two times the diameter of the water supply inlet and not less than 1 inch.

f. All sinks and equipment in which food or utensils are placed may not have a direct connection between the drain and the sewage system. A one inch gap must be present between the drain and the sewage line.

Sample indirect waste drain:



6. **Ventilation**

The location of establishment ventilation systems for all areas including toilet rooms, store rooms, kitchen, and utensil washing areas must meet with local township/boro regulations. All kitchen ventilation equipment must be designed in accordance with the National Fire Protection Show Association (NFPA Code No. 96-1991), and must be installed according to the Nutritional Sanitation Foundation "Manual on Sanitation Aspects of Installation of Food Service Equipment.

7. **Equipment**

a. All equipment must be designed and constructed in accordance with the criteria set forth by the National Sanitation Foundation (NSF), Baking Industry Sanitation Committee, Commercial Refrigeration Manufacturers Association (CRMA), Edison Test Laboratories (ETL), or Underwriter Laboratories Food Division (UL), or other appropriate testing agency.) If the equipment does not bear the mark of approval of any of these agencies, a set of detailed shop drawings may be evaluated to determine compliance with these standards.

b. Provide details on sneeze guards or other protective devices in food display areas where foods are subject to possible customer contamination.

c. Equipment Installation – Installation of all equipment must be shown to conform to at least one of the following methods:
   i. Moveable – proper casters are provided, or the item is small and light enough to be easily moved or carried by one person for normal daily cleaning.
   ii. Sealed – properly sealed to walls, floors, or adjacent equipment. Indicate the materials used to seal (type of approved sealant, welding, trim strips, etc.)
   iii. Spaced – adequately spaced from adjacent walls, floors, or equipment. Adequate clearance must be provided beneath all equipment. Spacing of an equipment item, or group of items from a wall requires free access to the

side of the equipment item(s) and space from the wall of 6 inches for total equipment length of less than 4 feet; 8 inches for total equipment length between 4 and 8 feet; 12 inches for total length between 8 and 12 feet; and 18 inches for lengths greater than 12 feet. Indicate spacing distances. **Note:** Utility lines installed behind equipment may require additional spacing.

8. **FLOOR PLANS**

a. The floor plans must be clear, concise, legible, to scale, and be of adequate size to clearly convey all the needed information.

b. The plans must accurately depict all areas, sinks, equipment, storage areas, etc.

c. Adequate storage facilities for all equipment and food must be clearly shown (e.g., basement).

d. Indicate the type and placement of shelves. Chemicals (pesticide, cleaning agents, medications, first-aid supplies, etc.) are required to be stored separately.

e. Indicate the location and type of all sinks. Separate sinks are required for handwashing, cleaning and sanitizing of multi-use utensils (3-compartment sink), food preparation, and general cleaning (mop sink).

f. Splashguard may be required on sinks located six or less inches from other sinks, equipment, and food contact surfaces.

g. Indicate the location of all hand washing sinks. Handwashing facilities must be conveniently located to all food service, ware washing and food preparation areas (Separate hand washing sinks may be required for each area).

h. One physical copy of the floor plans for the mobile unit must be submitted. Floor plans of the commissary are not necessary. The plans do not need to be professional completed or bear an architects seal.

9. **MENU**

a. Submit a menu and description of how foods will be handled and stored.

b. Include a consumer advisory and disclosure of applicable menu items where applicable.

c. Note special operational procedures and food transportation procedures pertinent to the operation of the establishment.

More detailed information can be found in the reference publications listed below:

1. Montgomery County Public Health Code

2. National Sanitation Foundation Int'l (NSF)
   PO Box 1468
   Ann Arbor, Michigan 48105

   a. "Sanitation Aspects of Food Service Facility Plan Preparation and Review"
   b. "Manual on Sanitation Aspects of Installation of Food Service Equipment"
   c. Food Service Equipment Standards
   d. Listing of Food Service Equipment

3. The 3A Sanitary Standards. International Association of Milk, Food and Environmental Sanitarians, United States Public Health Service, the Dairy Industry Committee
   Shellyville, Indiana

4. Baking Industry Sanitation Standards Committee
   521 Fifth Avenue
   New York, NY 10017

5. US Department of Health, Education and Welfare
   US PHS, FDA, US
   Government Printing Office
   Washington, DC 20402

6. Industrial Ventilation - A Manual of Recommended Practices. American Conference of Governmental Industrial Hygienists
   Committee on Industrial Ventilation
   PO Box 453
   Lansing, MI 48902

7. "Design of Grease Filter Equipped Kitchen Exhaust System"
   Research Products Corporation
   Madison, WI 53701

8. Vapor Removal from Cooking Equipment, Standard No. 96 for Sale by the National Fire Protection Association (NFPA) International
   470 Atlantic Avenue
   Boston, MA 02210

9. "Handbook for Ceramic Tile Installation"
   Tile Council of America, Inc.
   PO Box 326
   Princeton, NJ 08540

10. Pennsylvania Department of Environmental Resources
    Division of Community Health
    (Appropriate Regional Office)

    a. Chapter 73 - Standards for Sewage Disposal Facilities
    b. "Design of Kitchen Ventilation Systems"
    c. "Architects and Engineers Guide - Preparation of Environmental Sanitation Plans and Specifications"

d. Chapter 109, Safe Drinking Water Provisions

11. Building Officials and Code Administrators Int'l Inc.
    4051 W. Flossmoor Rd.
    Country Club Hills, IL 60477-5795
    (312) 799-2300

    a. The BOCA National Building Code
    b. The BOCA National Mechanical Code
    c. The BOCA National Plumbing Code

12. National Fire Protection Association
    1 Batterymarch Park
    PO Box 9101
    Quincy, MA 02269-9101
    1-800-344-3555

    a. Standard No. 96, for the Installation of Equipment for the Removal of Smoke and Grease-Laden Vapors from Commercial Cooking Equipment
    b. The National Electrical Code

13. Pennsylvania Department of Agriculture (Appropriate Regional Office)

    a. PA Bakeries & Bakery Products Standards
    b. PA Frozen Desert Standards
    c. PA General Food Law (Revised)
    d. Food Manager Certification Law

14. Commercial Refrigerator Manufacturers Association (CRMA)
    1200 19th St NW, Suite 300
    Washington, DC 20036-2401

15. Underwriters Laboratories, Inc.
    1285 Walt Whitman Rd.
    Melville, NY 11747
    a. Food Service Equipment Manufacturers List

16. Edison Testing Laboratories, Inc. (ETL)
    PO Box 2040
    Cortland, NY 13045-7911

17. National Restaurant Association
    250 S. Wacker Dr.
    Suite 1400
    Chicago, IL 60606