



## MOBILE FOOD UNIT PERMIT APPLICATION

Community Development Department-Health Inspection Division

111 E Maple St, PO Box 1019

Independence, MO 64051-0519

Phone: (816) 325-7803 Fax: (816) 325-7770

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

This form must be completed for all new and change of ownership facilities and for any changes to facility information. **If the information on this application changes, this department is to be notified. A final menu needs to be submitted with application. Picture identification is required to process application (i.e. driver's license, passport, etc.)** PLEASE PRINT LEGIBLY.

Facility Name: (as it will be shown on permit)	Phone: ( )
	Fax: ( )
Facility Address: (including city, state and zip code)	Email: _____
	Website: _____
	License Plate: _____

Anticipated Opening Date:	Is this food unit located within an event center?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ownership Legal Type:  LLC  Corporation  Individual  Partnership  Local Government

Owner's Name:	Phone: ( )
	Fax: ( )
Owner's Address: (including city, state and zip code)	Cell: ( )
	DL # _____
	D.O.B. _____

Commissary Name:	Phone: ( )
	Fax: ( )
Commissary Address: (including city, state and zip code)	Permitted By: _____

Type of Mobile Unit:  Mobile Unit  Cart  Truck Sales Vendors-Frozen Food/Non-PHF

Person in Charge:

Does the person in charge have an Independence Food Managers Card?  Yes  No

(The person in charge is directly responsible for the food establishment, and there must be someone with an Independence Food Manager Card on duty at all times.)

FOODS TO BE SERVED: (Check all that apply)

<input type="checkbox"/> Hot dogs	<input type="checkbox"/> Baked Goods	<input type="checkbox"/> Coffee/Tea	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Hamburgers	<input type="checkbox"/> Chicken	<input type="checkbox"/> Deli	<input type="checkbox"/> Pre-packaged
<input type="checkbox"/> Greek	<input type="checkbox"/> BBQ	<input type="checkbox"/> Mexican	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Pizza	<input type="checkbox"/> Fish	<input type="checkbox"/> Dessert	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Other _____			

Do you prepare or serve potentially hazardous foods using any of the following methods? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> thaw frozen product                                      | <input type="checkbox"/> hot or cold holding           |
| <input type="checkbox"/> reheating for hot holding                                | <input type="checkbox"/> cook to order                 |
| <input type="checkbox"/> cook for hot holding                                     | <input type="checkbox"/> prepare quantities in advance |
| <input type="checkbox"/> serve/sell only pre-packaged potentially hazardous foods |  |

Where will you unit be parked when serving/selling food? \_\_\_\_\_

**The following items must be approved prior to the issuance of a permit:**

	<u>YES</u>	<u>NO</u>
1. Water Source and Plumbing		
a. Is water source and system of sufficient capacity?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is waste retention tank at least 15% larger than the water supply tank?	<input type="checkbox"/>	<input type="checkbox"/>
c. Potable water tank must be able to store a minimum of 15 gallon of water supply Size of water supply tank: _____	<input type="checkbox"/>	<input type="checkbox"/>
Size of waste retention tank: _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Is water tank enclosed from the filling inlet to discharge outlet?	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintained in good repair? (No leaking, water draining into sewage tank)	<input type="checkbox"/>	<input type="checkbox"/>
f. Is unit maintained in such a manner that prevents the spilling or splattering of grease, water, food or trash on any public right-of-way where the unit will be serving?	<input type="checkbox"/>	<input type="checkbox"/>
2. Hand Washing Sink		
a. Is a hand sink provided?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does hand sink have a mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does hand sink provide hot and cold running water under mechanical pressure?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the hand sink provide hot water at a temperature of at least (100 °F)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is hand sink conveniently located and accessible for employees?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is hand sink supplied with hand cleanser/sanitary towels or hand-drying devices?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is hand washing sign posted at hand sink?	<input type="checkbox"/>	<input type="checkbox"/>
3. Three Compartment Sink		
a. Is a three-compartment sink provided?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is hot and cold water supplied to all three compartments of the sink?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are draining boards provided at the 3-compartment sink?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are the compartments of the 3-compartment sink sufficient in size so that the largest utensil or equipment can be fully submerged?	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls/Ceilings and Overhead Protection		
a. Are walls and ceilings constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is ceiling constructed so that all outer openings are protected and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is overhead protection provided and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does overhead protection cover all the unit's surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
5. Trash Receptacle		
a. Is a receptacle or waste handling unit provided on the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>
6. Floors		
a. Are floor materials grease resistant, easily cleanable and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
7. Unit Maintenance		
a. Is unit free of litter and unnecessary items?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is unit in good repair (no damage)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Toxic Materials		
a. Is storage location away from food and food related items?	<input type="checkbox"/>	<input type="checkbox"/>
b. Proper labeling?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is a sanitizing test kit provided?	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 9. Refrigeration/Freezer  |                          |                          |
| a. Do mechanical refrigerators hold potentially hazardous food at 41 °F or below?         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does freezer hold food frozen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are coolers equipped with draining plugs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Hot Holding Units   |                          |                          |
| a. Do hot holding units hold foods at 135 °F or above?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Thermometers  |                          |                          |
| a. Are temperature measuring devices provided at all hot and cold holding units?          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is a metal stem food thermometer provided for operator?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does thermometer scale read 0-200°F in 2° increments?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Storage Areas   |                          |                          |
| a. Are shelves easily cleanable and properly constructed?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is adequate shelving provided to store all items?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are food-related items stored 6 inches above floor?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Equipment   |                          |                          |
| a. Is permanent equipment properly sealed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is equipment properly spaced for easy cleaning?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is all equipment attached to the unit and properly sealed?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Surfaces  |                          |                          |
| a. Are all surfaces in good condition, properly constructed, smooth and easily cleanable? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all surfaces washed and sanitized to sight and touch?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ventilation   |                          |                          |
| a. Is hood system adequate?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is hood system clean?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Lighting  |                          |                          |
| a. Is adequate lighting provided over food prep, utensil washing, storage areas?          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all light fixtures properly shielded in food prep and storage areas?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Demonstration of Knowledge  |                          |                          |
| a. Does the person operating the unit have a proper Food Handler card?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Commissary  |                          |                          |
| a. Is the commissary Health Permit in good standing?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does operator have access to commissary?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Signage   |                          |                          |
| a. Is business name plainly indicated on the exterior of the mobile unit?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Personal Attire   |                          |                          |
| a. Is employee(s) hair properly restrained?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do any employees have facial piercings?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Documents   |                          |                          |
| a. Is current permit displayed on the mobile unit?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Is current commissary agreement stored on the mobile unit?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do all employees have the required food handler/manager card?                          | <input type="checkbox"/> | <input type="checkbox"/> |

**In addition to this pre-opening checklist, the mobile unit owner must provide the following prior to the pre-opening inspection**

- Copy of permit holder's photo ID
- Commissary agreement
- Commissary last inspection
- Permit fees
- Copy of typed menu
- City business license

**AUTHORIZED AGENT/EMERGENCY CONTACT INFORMATION:**

Authorized Agent (person affiliated with establishment after opening) for a corporation may sign this document in lieu of owner. No other agent's signature will be accepted.

Primary Agent's Name and Title:	Phone: ( )
	Fax: ( )
Address: including city, state and zip code	Cell: ( )
	DL #
	D.O.B.
Secondary Agent's Name and Title:	Phone: ( )
	Fax: ( )
Address: including city, state and zip code	Cell: ( )
	DL #
	D.O.B.

The undersigned hereby applies for a permit to operate a Mobile Food Unit pursuant to the City of Independence Food Code and hereby certifies that the undersigned has received a copy of the City of Independence Food Code. The undersigned hereby attest to the accuracy of the information provided in this application, and affirms that the undersigned will comply with the City of Independence Food Code and allow the Health Authority access to the establishment. **IT IS UNLAWFUL TO PROVIDE FALSE INFORMATION ON THIS DOCUMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date