



**Benton-Franklin Health District
Environmental Health Division**
7102 W. Okanogan Place • Kennewick, WA 99336
(509) 460-4205 or (800) 814-4323
www.bfhd.wa.gov

For Office Use Only	
App Accepted By:	
Other Materials:	
<input type="checkbox"/> E SPECS	<input type="checkbox"/> MENU <input type="checkbox"/> ILL <input type="checkbox"/>
<input type="checkbox"/> PLAN	<input type="checkbox"/> COMMIS <input type="checkbox"/> CG <input type="checkbox"/> HW
BFHD Mobile #:	

Mobile Food Service Application

<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Ownership
<i>Former Business Name:</i>	

SECTION 1: BUSINESS INFORMATION

Date of Application	Proposed Opening Date	Application must be approved before beginning construction, operation, or implementing menu changes.	
Business Name	Telephone Number () ()	Fax Number () ()	
Physical Address or Mobile Operation Location	City	State and Zip Code	
Type of Food Establishment			
Extended Menu: <input type="checkbox"/> Mobile Food Unit			
Limited Menu: <input type="checkbox"/> Push Cart <input type="checkbox"/> Espresso Only <input type="checkbox"/> Frozen Products <input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Other			
Seating Capacity		Number of Food Employees per Shift	
<input type="checkbox"/> Zero (0) <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50		<input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+	
Hours of Operation			
Sun: ___ to ___ Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___ Fri: ___ to ___ Sat ___ to ___			

SECTION 2: OWNER CONTACT INFORMATION

Note: This will be the "Address of Record" for all communication mailed from this Department

Owner Name	Daytime Phone () ()	E-mail
Mailing Address	City	Zip Code

SECTION 3: COMMISSARY

Commissary: All mobile food units need to use a separate facility for food preparation, storage, and cleaning. <i>Have you submitted the Commissary Application?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit Storage: Will you store your unit at the commissary when it is not in use/not at the location of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Preparation: Will you prepare food at the commissary? If the food is PHF, how will you control the temperature during transport?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: MENU SPECIFICATION

Note: Application must include complete list of menu items

Please check all that apply

Meat and Produce Preparation: Will you prepare raw meat or slice/wash fresh produce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer Advisory: Will you serve raw or undercooked meats, poultry, fish, eggs, or shellfish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooling: Will you cool hot foods (such as when preparing pasta salads or cooling hot foods for later service)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking Thick Foods: Will you cook meats thicker than 1-inch thick?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shellfish: Will you serve or sell molluscan shellfish (such as oysters, clams, mussels, or scallops)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Holding Tank: Will you have water tanks to hold live shellfish (such as crab, lobster, clams, or mussels)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: MOBILE FOOD UNIT INFORMATION*Note: Application must include completed Plan Specifications List***Plumbing and Waste**Do you have a dedicated handwash sink on the mobile unit? *This sink may only be used for handwashing)* Yes No

Do you have a 3-compartment sink on the mobile unit?

 Yes No*Note: Marking any of the above items as (No) will limit the allowable menu or preparation steps*

Will dishes be washed on the mobile unit?

 Yes No

Where will you get your water?

 Commissary Other

How many gallons does your fresh water tank hold?

_____gallons

How will you dispose of your used water and sewage?

 Commissary Other

How big is the gray water tank? (must be at least 15% larger than fresh tank)

_____gallons

Garbage Disposal Company:

Cold holdingNumber of Electric Refrigerated Units (*able to keep food 41°F or colder*) 0 1 2 3 4+

Number of Freezers

 0 1 2 3 4+

Number of Ice Chests

 0 1 2 3 4+**Cooking and Hot holding**Heating Equipment Used* Oven Microwave Grill Deep fryer Stove Steamer Broiler n/a
Check with the fire marshal for ventilation hood requirements* Other _____Hot Holding Equipment Used Steam table Hot case Slow cooker Heat lamp Other _____Power Source**Electricity Generator Propane **Labor & Industries (required for mobile units that workers occupy)**

Washington L&I Insignia Number: _____

SECTION 6: SIGNATURE

I certify by signature that I am the owner or designee of the establishment. I further certify that I grant permission to allow the Health Officer and/or representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Benton-Franklin District Board of Health Regulations or WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

Applicant Signature_____
Date_____
Applicant Printed Name_____
Contact Number