



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

PLAN AND MENU REVIEW FOR FOOD ESTABLISHMENTS

This application will remain valid for one year from the date of submittal.

APPENDIX II (Mobile Unit)

Establishment Name:	Name of Owner (please print):
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1. Mobile Units

A. License Plate number of the mobile unit: _____
B. Vehicle identification number (VIN), make, model and year of the mobile unit: _____
C. *L&I Permit Number: _____ *L&I approval is required for most mobile units. Please contact L&I for more information. https://www.lni.wa.gov/ or https://lni.wa.gov/licensing-permits/manufactured-modular-mobile-structures/food-trucks-trailers/
Number of seats provided for customers outside the mobile unit _____
D. A servicing area is available and will be used to service, clean, sanitize, supply and maintain the mobile unit. Location of serving area: _____ _____ What facilities are used and for what purpose: _____ _____ Dates and hours used: _____ If you are not the owner of the servicing area, attach a written agreement/lease with the owner of the facility stating the days of the week and hours of the day food workers will have access to the facility. WAC 246-215 09115
E. Toilet facilities for food workers are available and readily accessible within 500 ft. of the unit during operation, if at any one location for more than one hour. Location of toilet facilities: _____ _____ If you are not the owner of the toilet facilities, attach a written agreement/lease with the owner of the toilet facilities stating the days of the week and hours of the day food workers (and customers, if seating is provided) will have access to the restrooms. WAC 246-215 09150

F. All food is prepared and stored in an approved facility. (A home or other location used for living or sleeping quarters is NOT an approved facility.) WAC 246-215 06290 Location of preparation and storage of food: _____

G. Food is served from the mobile unit. Dates, hours and sites of service: (Routes: Include all stops.) OR Provide the social media account information that you will use to advertise your operating days / hours. _____

H. Time/Temperature Control for Safety (TCS) foods are to be prepared on the mobile unit daily. TCS foods prepared on the mobile unit, but not purchased by the end of the day are discarded. WAC 246-215 09120 **If not, explain:** _____

I. Hot holding equipment is preheated and cold holding equipment is pre-chilled before loading TCS foods onto the mobile unit WAC 246-215 09125.

J. All cold TCS foods are pre-chilled to 41° Fahrenheit or less prior to cold holding on the mobile unit. WAC 246-215 09125

K. TCS foods or ingredient(s) are cooled to 41° Fahrenheit or less after cooking or hot holding. (This includes cooling warm food, saving leftover food that was warm, heating/cooking and cooling food ahead of time of serving, etc.)

L. The water supply tank on the mobile unit has a minimum capacity of five gallons for handwashing. The wastewater holding tank on the mobile unit is at least 15% larger than the clean water holding tank. Sizes of clean water tank: _____

Size of wastewater tank: _____

Name of water system and address where tank is filled: _____

The name of the facility and address where the wastewater tank will be emptied: WAC 246-215 09135 _____

M. A food grade hose is used for filling the water tank and is properly stored to prevent contamination to the inside of the hose. WAC 246-215 09135

N. Only single service (disposable) dishes/silverware are provided to the consumer. WAC 246-215 09120

O. Dishwashing facilities are needed for items other than single service tableware. WAC 246-215 09115

P. The meat served has been inspected by USDA and has a USDA label. **If not, explain:** _____

I understand the requirements of mobile units. Initial: _____

2. Commissary: means an APPROVED FOOD ESTABLISHMENT where FOOD is stored, prepared, portioned, or PACKAGED for service elsewhere. WAC 246-215-01115(20)

The person in charge of a mobile food unit shall operate the mobile food unit from an approved commissary or servicing area. WAC 246-215 09100

Types of Commissary and Application Requirements

Commissary Type		Requirements to Proceed
<input type="checkbox"/>	A commissary kitchen that is owned, leased or rented by the applicant and will not be shared with any other operator.	Nothing further required
<input type="checkbox"/>	A commissary kitchen that is not owned, leased or rented by the applicant and/or is shared with other operators.	Commissary Agreement*

Initial that I understand I can only sell food that has been prepared or stored at an approved facility, or commissary : _____

* The commissary agreement must state what facilities are provided. Facilities include: restrooms, food prep facility, dry and chemical storage, dishwashing, and/or back-up refrigeration.

If you climb on or into your mobile unit, it must be certified by the Washington State Department of Labor and Industry.

Mobile Units Only:

*I understand that the mobile unit is to operate **only** at those locations and times as approved by the Chelan-Douglas Health District. Violation of the itinerary or food code regulations may initiate enforcement action leading to suspension or revocation of the permit. Changes in menu, location, itinerary, hours of operation, commissary, serving area etc. must be submitted to the Chelan-Douglas Health District for approval.*

Mobile Signature:

Signature of Applicant

Date