



APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT ENVIRONMENTAL HEALTH

PLAN REVIEW PACKET ANNUAL MOBILE FOOD UNIT OR PUSH CART

I. INTRODUCTION

General

1. Apache County Public Health Services District reserves the right to add or delete any requirement to a mobile unit or pushcart depending on the foods prepared or weather conditions.
2. At the time you submit the plan review packet to the Health District, you will need to pay a plan review fee of \$100.00 for your Mobile Food Unit/Push Cart. If the Mobile Food Unit or Push Cart has previously been licensed in Apache County, it is possible that the plan review fee may be waived. To speed up the licensing process, you may also submit your License application and the License application fee of \$200.00 at this time.
3. A commissary agreement (attached) signed by both parties must be submitted.
4. Please check with the local community agency to see what their requirements are for setting up a mobile food unit, push cart or commissary.

Definitions

1. **“Mobile Food Unit”** means a vehicle-mounted food service establishment designed to be readily moveable. This term includes self-propelled kitchens and trailer-mounted kitchens.
2. **“Push Cart”** means a non-self-propelled vehicle limited to serving only non-potentially hazardous foods or commissary-wrapped food maintained at proper temperature, or limited to the preparation and serving of frankfurters.
3. **“Commissary”** means a licensed catering establishment, restaurant, or any other licensed place in which food, food containers, or food supplies are kept, handled, prepared, packaged, or stored.

II. MOBILE FOOD UNITS

And PUSH CARTS

Food

1. If your menu consists entirely of uncut produce, pre-packaged nuts, pre-packaged candies, and foods that do not contain meat, dairy products, seafood or poultry, you do not need to fill out the rest of this packet. These foods are considered non-potentially hazardous and do not require a License fee. Simply submit the manufacturer's label from all products and the completed License application form.
2. All food shall be from an approved source. Home preparation or storage of potentially hazardous food items to be sold in the mobile unit is prohibited. All foods must be prepared in the unit or approved commissary. Food purchases should be stored in an Apache County approved establishment using a commissary agreement (see attached).
3. Hot, potentially hazardous foods must be preheated to 165°F and maintained at 130° F or higher. Cold, potentially hazardous foods must be maintained at or below 41° F. Provide a metal stem or probe thermometer to check food temperature.

Water and Wastewater

1. Any mobile food unit preparing or selling potentially hazardous foods is required to have a potable water system under pressure and a waste retention system for wastewater. Potable water source and wastewater disposal must be obtained from a commissary (see attached).
2. Proper hand washing facilities are required to allow for frequent hand washing.

Food Workers

1. No eating, drinking or smoking is allowed in the food preparation areas.
2. Clean clothes and hair restraints are required.
3. No person having an infected cut or sore on an exposed part of the body or a communicable disease that can be transmitted by food or beverage may work in a mobile food unit.
4. All persons working in the mobile food unit must possess a current Food Handler Certification Card from Apache County. Certification may be obtained at the St. Johns Health District office at 75 W. Cleveland or the Springerville Health District office at 323 S. Mountain Avenue.

Construction

1. Doors to the preparation areas shall be effectively self-closing and kept closed. Screening and screened doors must be kept in good repair to eliminate pests.
2. The mobile food unit must be sound and of tight construction, with no leaks in the roof.
3. All surfaces within the unit shall be smooth and easily cleanable, maintained in good repair and kept clean.
4. Push carts require overhead protection of food and food surface areas.

Compliance

1. Each unit must have a License to operate from Apache County Health Services District (ACPHSD) and is subject to inspection. Non-licensed units and/or serious violations can result in cessation of operations.
2. The License issued to you by Apache County Health Services District must be displayed in the unit in a visible location, or on the push cart.
3. All food workers cards must either be carried by the food worker or be displayed in the unit in a visible location.

Licensing

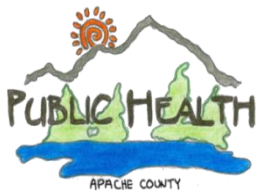
In order to obtain a License to operate your mobile food unit, enclose the following:

- 1. Completed License application.**
- 2. Submit a check for the License fee.**

**Mobile unit annual License - \$200.00
(Plan Review Fee \$100.00 submitted at time of Plan Review)**

- 3. Please list all menu items to be sold in your unit. Include drinks and condiment items.
A copy of a menu will substitute for the listing.**
- 4. Provide a picture(s) of the unit. If a recent photo is on file, this requirement may be waived.**
- 5. Submit a completed commissary agreement signed by you and the commissary operator.
Please clearly designate the functions you will perform at a particular commissary.
A completed form is needed for each commissary you will use.**

Attachments: Commissary Agreement
Information on obtaining the Food Code
Operating License Application
Plan Review Application



APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT ENVIRONMENTAL HEALTH

FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Submit this application with your plan and Plan Review fee

Please provide all information requested. Missing information may delay the Plan Review or cause this application to be denied. The Department will evaluate construction plans and the Food Safety Plan for compliance with the requirements of the Food Code. Please print information.

Facility Name	LICENSE #
Physical Address	Telephone
City/State/Zip	APN# (Assessor's Parcel Number)

Business Owner	Telephone
Mailing Address	Fax
City/State/Zip	Email

Applicant/Contact Person	Telephone
Mailing Address	Fax
City/State/Zip	Email

New Square Footage: _____ Remodel Square Footage _____ Food Service/Restroom Square Footage _____

Please provide a copy of the menu or a written description of the foods that will be prepared and served.

Yes No Has your Food Safety Plan been submitted?

Person Responsible for Food Safety _____ **Phone #** _____

Place an "X" next to each type of food service system that most accurately describes the system or systems you will use.

- Cook, Serve Menu items that are cooked and immediately served – i.e. Hamburger
- Cook, Hot hold, Serve Menu items that are cooked, held hot, then served.
- Cook, Chill, Reheat, Hot hold, Serve Menu items, either in their entirety or partially made in advance, cooled down then prepared or reheated for service.
- Cold hold, Serve Menu items that are received, no cooking, i.e. salads, deli meats.
- Commercially packaged food only Prepackaged food-Purchased prepackaged & sold prepackaged
- Other: Please describe : _____

ESTABLISHMENT NAME _____

LICENSE # _____

The facility is best described as: (mark all that apply).

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Table service | <input type="checkbox"/> Catering off-site | <input type="checkbox"/> Eat in | <input type="checkbox"/> Carry-out |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Grocery | <input type="checkbox"/> Hospital/Institution | <input type="checkbox"/> Buffet | <input type="checkbox"/> Eat in and carry-out |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Banquet Service | <input type="checkbox"/> School/College | <input type="checkbox"/> Tavern | <input type="checkbox"/> Convenience Market |
| <input type="checkbox"/> Catering on-site | <input type="checkbox"/> Mobile truck/cart | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Children's Camp | |

Permanent Seating: _____

Seasonal Seating _____

Construction: Anticipated Start Date: _____ Anticipated Completion Date: _____

Have you contacted the following departments?

- Yes No Do you have an approved water source?
 Yes No Do you have zoning clearance?

- Yes No Do you have fire district approval?
 Yes No Do you have Environmental Services approval?

Applicant Signature _____

Date Submitted _____

Plan Review Fee Paid _____

Check # _____

A PERMIT TO OPERATE MUST BE OBTAINED FROM APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT BEFORE OPENING FOR BUSINESS

Administrative use

Blue Line Review Time (including letters, faxes, construction/opening inspections, phone calls, etc)

Date	Time-1/4 hours	Remarks
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Approved By: _____ Date Approved: _____

Apache County Public Health Services District
 75 W. Cleveland; P.O. Box 697
 St. Johns, AZ 85936
 (928) 337-7607 FAX (928) 337-7592

ARIZONA FOOD CODE MOBILE FOOD ESTABLISHMENT REQUIREMENTS

<i>Food Code</i>	<i>Potentially Hazardous Menu</i>		<i>Not Potentially Hazardous Menu</i>
<i>Areas/Chapter</i>	<i>Food Preparation</i>	<i>Prepackaged</i>	<i>Food Preparation</i>
Personnel	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)
Food	3-101.11 3-201.11-.16 3-202.16; Applicable Sections of Part 3-3; 3-501.16 3-501.18(A) &(C)	3-101.11 3-201.11-.16 3-303.12(A) 3-305.11; 3-305.12 (Applicable to Service Area or Commissary)	3-101.11; 3-201.11 3-202.16; Applicable Sections of Part 3-3
Temperature Requirements	3-202.11; Applicable Sections of Parts 3-4 & 3-5	3-202.11 3-501.16	NONE
Equipment Requirements	Applicable Sections of Parts 4-1- 4-9 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-6 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-5 - 4-6 and 5-5
Water & Sewage	5-104.12 5-203.11(A) & (B) Part 5-3; 5-401.11 5-402.13-.15	5-203.11(B)	5-104.12 5-203.11(A) & (B) Part 5-3; 5-401.11 5-402.13-.15
Physical Facility	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111	6-101.11 6-102.11(A) & (B) 6-202.15 6-501.111	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111
Toxic Materials	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7
Servicing	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code
Compliance and Enforcement	Applicable Sections of Chapter 8	Applicable Sections of Chapter 8	Applicable Sections of Chapter 8

SUBMIT the following items (Per Food Code § 8-201.12):

- Proposed menu (Including seasonal, off-site and catering menus).
- Anticipated volume of food to be stored, prepared, and sold or served.
- One (1) complete set of plans (minimum size 8.5” x 11” or larger) including proposed layout, mechanical schematics, and construction materials.
- Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- Finish schedule of interior finishes.
- Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).
- Plumbing schedule.
- Plumbing layout showing type and location of equipment with drains.
- Equipment schedule showing type, manufacturer, model numbers, locations, dimensions, performance capacities, and installation specifications.
- Manufacturer specification sheets “cut sheets” for each piece of equipment shown on the plan.
- Shop drawings of all custom-built equipment.
- Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- Lighting plan.
- All existing equipment and finishes must be defined.
- Site plan showing the location of restrooms, mop basin, alleys, streets, vacant Lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- Written legal agreement for shared restrooms not located within the establishment.



THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK!

APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT
APPLICATION FOR OPERATING PERMIT

Table with 7 columns: Type of Permit, Provisional Permit Fee, Annual Permit Fee, Date Received, Start Date, Permit Number, Expiration Date

Table with 2 columns: Business name (Corporate Name), Parcel Number/A.P.N.; DBA, Mailing Address; Establishment Street Address, City/State/Zip; City/State/Zip, Alternate Telephone; Establishment Telephone, Email

Type of Applicant: Choose one below (This information MUST be filled out)

- Checkboxes for various applicant types: individual, corporation, limited liability company, partnership, joint venture, trust, religious/nonprofit organization, school district, agency, county/municipality/political subdivision.

Table with 2 columns: Name, Home Address (Must not be a P.O. Box), City/State/Zip, Business Telephone, Home Telephone

The Person who has signed below is a legal agent of the business. The legal agent on behalf of the business agrees to operate the establishment according to laws, rules, regulations and requirements of the State of Arizona, the Arizona Department of Health Services, and Apache County Public Health Services District.

A copy of the applicable Arizona Department of Health Services Administrative rules has been given to me or I have received information on obtaining Arizona Department of Health Services Administrative rules. I have also received or been informed of applicable chapters of the Apache County Health Code.

I understand that, if issued, the operating permit will expire one year after issuance and that it is my responsibility to renew, in a timely manner, the annual operating permit.

I acknowledge that permit fees are non-refundable and that permits are not transferable from person-to-person or from place-to-place.

Print Name Title Signature Date

ARIZONA 2001 FOOD CODE

TO OBTAIN A COPY OF THE FOOD, RECREATIONAL, AND INSTITUTIONAL
SANITATION ADMINISTRATIVE CODE

BY TELEPHONE:

*PLEASE CALL THE ARIZONA SECRETARY OF STATE'S OFFICE AT (602) 542-4285 OR
(800) 458-5842 AND REQUEST TITLE 9, CHAPTER 8*

OR

TO DOWNLOAD:

<http://www.azdhs.gov/phs/oeh/rs/pdf/fc2000.pdf>
(Arizona Food Safety Regulations – October 3, 2001)



APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT ENVIRONMENTAL HEALTH

COMMISSARY AGREEMENT

By signing his or her name, each party enters into a binding legal contract that cannot be changed except by renegotiation and execution of a new agreement. The signed agreement will remain binding for the term of the mobile/offsite owner's current Health Services permit but under no circumstance for longer than one year. Change in ownership of the mobile/offsite business or in ownership of the commissary or violation of the terms of the agreement will void this contract and result in cessation of the mobile/offsite business. Resumption can take place only after a new agreement is negotiated and executed.

MOBILE/OFFSITE BUSINESS OWNER'S DECLARATION: I agree to utilize the commissary facility listed below for the following:

1. Food preparation:
2. Storage of all foods, paper goods, beverages and consumables
3. Washing/sanitizing of equipment and utensils.
4. Potable water source
5. Wastewater disposal
6. Special considerations:

Date	Business Name	Address
Print Name	Phone Number	Permit Number
Signature		

COMMISSARY OWNER'S DECLARATION: I agree that my establishment has facilities capable of supporting the above mobile/offsite business requirement and I will make my facilities available for the support of the mobile/offsite business.

Date	Business Name	Address
Print Name	Phone Number	Permit Number
Signature		

APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT ACCEPTANCE:		
Signature	Title	Date