PLAN REVIEW AND APPROVAL
FOR
MOBILE FOOD UNITS

REGULATORY REQUIREMENTS AND
APPLICATION FORMS
Submit the following to:  
Plan Review, Office of Food Protection  
417 Federal Street, Suite 202, Dover DE 1990  
Phone number: 302-744-4546; FAX number: 302-739-3839

[ ] APPLICATION FOR FOOD ESTABLISHMENT PERMIT (USE FORM PROVIDED)
[ ] SERVICING AREA AGREEMENT (USE FORM PROVIDED)
[ ] TYPE OF FOOD OPERATION (USE FORM PROVIDED)
[ ] FOOD PREPARATION REVIEW (USE FORM PROVIDED)
[ ] MOBILE FOOD UNIT INFORMATION SHEET (USE FORM PROVIDED)
[ ] PROPOSED OR ACTUAL MENU

[ ] EQUIPMENT SCHEDULE:
  SPECIFY MANUFACTURERS AND MODEL NUMBERS. CORRELATE EQUIPMENT NUMBERS TO PLANS.
  INCLUDE EQUIPMENT SPECIFICATION SHEETS.

[ ] THREE COPIES OF THE PROPOSED PLANS FOR THE MOBILE FOOD UNIT
  (DRAWN TO SCALE OF 1/4” = 1 FOOT)
  SHOW THE LAYOUT OF THE MOBILE FOOD UNIT, EQUIPMENT AND ALL RELATED AREAS.

[ ] FINISH SCHEDULE:
  SPECIFY TYPE, FINISH AND COLOR OF MATERIALS USED ON INTERIOR AND EXTERIOR OF MOBILE
  FOOD UNIT, INCLUDING FLOORS, WALLS, CEILINGS, COUNTERS, SHELVING, CABINETS, ETC.

[ ] VENTILATION AND LIGHTING DETAIL:
  DESCRIBE TYPE OF VENTILATION OVER EQUIPMENT AND TYPE OF LIGHTING.

[ ] PLAN REVIEW FEE
  PER SCHEDULE PAGE 3, UNLESS EXEMPT FROM FEE AS NON-PROFIT ORGANIZATION.

Payment of the following non-refundable fee, made payable to STATE OF DELAWARE, is required:

<table>
<thead>
<tr>
<th>PLAN REVIEW FEE</th>
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<td>Plan Review fees are based on the total square footage (sq ft) of the Mobile Food Unit as follows:</td>
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PLAN REVIEW AND APPROVAL FOR MOBILE FOOD UNITS
REGULATORY REQUIREMENTS

INTRODUCTION

This information packet describes the requirements to open and operate a Mobile Food Unit. This packet does not provide a complete listing of the requirements. To obtain a copy of the State of Delaware Food Code, contact the Office of Food Protection (OFP), or one of the following offices of the Environmental Health Field Services (EHFS):

New Castle County: 258 Chapman Rd., Chopin Bldg. Suite 105, Newark, DE 19702 302-283-7110
Kent County: Thomas Collins Bldg, 540 S Dupont Hwy, Dover, DE 19901 302-744-1220
Sussex County: Georgetown State Service Ctr,544 S Bedford St, Georgetown, DE 19947 302-515-3302

Submit the following to: Plan Review, Office of Food Protection
417 Federal Street, Suite 202, Dover DE 19901
Phone number: 302-744-4546; FAX number: 302-739-3839

1. One completed Application for Food Establishment Permit (use form provided)
2. One completed Servicing Area Agreement (use form provided)
3. One completed Type of Food Operation (use form provided)
4. One completed Food Preparation Review (use form provided)
5. One completed Mobile Food Unit Information Sheet (use form provided)
6. Proposed or actual menu
7. Equipment schedule:
   (a) Specify manufacturers name and model numbers. Correlate equipment numbers to plans.
   (b) Equipment specification sheets.
8. Three copies of the proposed plans for the Mobile Food Unit (drawn to scale of 1/4” = 1 foot)
   Show the layout of the Mobile Food Unit, equipment and all related areas.
9. Finish schedule: specify type, finish and color of materials used on interior and exterior of Mobile Food Unit, including floors, walls, ceilings, counters, shelving, cabinets, etc.
10. Ventilation and lighting detail:
    Describe type of ventilation over equipment and type of lighting.
11. Plan Review fee, per schedule page 3, unless exempt from fee as non-profit organization.

Plans will be reviewed within thirty (30) working days in the order they are received. If further information is needed, you will be notified. Pre-operational inspections are required before issuance of the operating permit and commencement of Mobile Food Unit operations.

Note: The information provided in this packet pertains to review and approval of plans and specification for a “Food Establishment,” as defined below. This packet does not pertain to the operation of a “Food Processing Plant,” defined in the State of Delaware Food Code as “...a commercial operation that manufactures, packages, labels, or stores food for human consumption and does not deliver food directly to the consumer...(and) does not include a food establishment as defined...” below. For additional information on regulations that apply to a food processing plant, contact the Office of Food Protection at 302-744-4546 prior to beginning operations.

No construction or alteration shall commence prior to issuance of Approval to Construct letter.

No food operations are approved prior to satisfactory pre-operational inspection.
2. **ADMINISTRATIVE INFORMATION FOR PLAN REVIEW OF MOBILE FOOD UNITS**

2A. **AUTHORITY**

Title 16 Delaware Code § 122 empowers Delaware Health and Social Services to promulgate and enforce standards to regulate food establishments which may include, but are not limited to, restaurants, caterers, temporary food vendors, grocery stores, food vending machines, ice manufacturers and cottage industries that prepare or handle food for human consumption.

2B. **DEFINITION**

“Food establishment” means an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption: such as a restaurant; satellite or catered feeding location; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank; and that relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.

“Food establishment” includes an element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the Division of Public Health; and an operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

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**OPERATIONS THAT DO NOT REQUIRE A FOOD ESTABLISHMENT PERMIT**

1. An establishment that offers only pre-packaged foods that are not time/temperature control for safety;

2. A produce stand that only offers whole, uncut fresh fruits and vegetables;

3. A food processing plant;

4. A kitchen in a private home if only food that is not time/temperature control for safety is prepared for sale or service at a function such as a religious or charitable organization’s bake sale if allowed by law and if the consumer is informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the Division of Public Health;

5. An area where food that is prepared as specified immediately above is sold or offered for human consumption;

6. A kitchen in a private home such as a small family day-care provider; or a bed-and-breakfast operation that prepares and offers food to guests if the home is owner occupied, the number of available guest bedrooms does not exceed 6, breakfast is the only meal offered, the number of guests served does not exceed 18, and the consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the food is prepared in a kitchen that is not regulated and inspected by the Division of Public Health; or

7. A private home that receives catered or home-delivered food; or a private home in which an individual is hired to prepare foods for personal consumption.
2C. **PLAN REVIEW AND APPROVAL**
A permit applicant or permit holder shall submit to the Division of Public Health properly prepared plans and specifications for review and approval, including payment of any required fees, before construction of a food establishment; before conversion of an existing structure to a food establishment; before remodeling and/or renovation of a food establishment; or when there is a change in type of food establishment or food operation.

Plans, specifications and required fees shall be submitted to Plan Review, Office of Food Protection (OFP) before construction, alterations or conversions are begun. No food establishment shall be constructed or undergo physical alterations, nor shall a structure be converted to a food establishment except in accordance with plans and specifications approved by OFP. Plan Review information packets are available from Office of Food Protection (OFP) and at Environmental Health Field Services (EHFS) offices in each county.

Payment of the following non-refundable fee, made payable to **STATE OF DELAWARE**, is required:

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2D. **PRE-OPERATIONAL REQUIREMENTS**
Any person desiring to operate a food establishment shall make written application for a permit, together with the payment of any required fees, on forms provided by the Division of Public Health. No person shall operate a food establishment who does not have a valid permit. Prior to the approval of an application, the proposed food establishment shall be inspected; satisfactory compliance on one or more pre-operational inspections is required prior permit issuance and the start of food preparation. Only a person who complies with the requirements of the regulations shall be entitled to receive or retain such a permit; upon acceptance of the permit, the permit holder shall adhere to the conditions of permit retention.

The operator of the facility, and not the facility itself, is the permit holder. If the owner of the property is not the operator of the food establishment, then the operator, through lease or contract, is required to obtain a permit.

When a food operation changes ownership, management firm, or lessee, both the facility and its operation shall be brought into satisfactory compliance with the regulations prior to the issuance of a permit.

2E. **PERMITS**

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A permit shall only be issued to proposed food establishments that comply with the regulations. Permits are not transferable from person to person, nor from location to location. The permit shall be posted in a location conspicuous for public view. A permit remains valid for one (1) year from the date of issuance, unless the food establishment is permanently closed; or a new owner, management firm, or lessee takes possession; or the permit is suspended or revoked by the Division of Public Health for violations of the **State of Delaware Food Code**.
2F. RESPONSIBILITIES OF THE FOOD ESTABLISHMENT PERMIT HOLDER

Conditions of Retention of the Food Establishment Permit

Upon acceptance of the permit to operate a food establishment issued by the Division of Public Health (DPH), the permit holder shall:

1. **POST PERMIT** Post the permit in the establishment in a location conspicuous to consumers;

2. **ALLOW ACCESS** Allow representatives of DPH access to the food establishment during the food establishment’s hours of operation and other reasonable times. After the DPH representative presents official credentials and provides notice of the purpose of, and an intent to conduct, an inspection, the person in charge shall allow the DPH representative to determine if the food establishment is in compliance with State of Delaware Food Code (“the Code”) by allowing access to the establishment, allowing inspection, and providing information and records to which DPH is entitled according to law;

3. **COMPLY WITH REGULATIONS** Comply with DPH directives including time frames for corrective actions specified in inspection reports and other directives issued by DPH in regard to the permit holder’s food establishment. Comply with the conditions of a granted variance, and conditions of approved facility plans and specifications;

4. **COMPLY WITH HACCP PLAN** If a food establishment is required to operate under a Hazard Analysis Critical Control Point (HACCP) plan, comply with the plan as specified in the Code.

5. **ACCEPT NOTICES** Accept notices issued and served by DPH according to law. Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with the Code or DPH directives, including time frames for corrective actions specified in inspection reports and other directives.

6. **DISCONTINUE OPERATIONS FOR IMMINENT HEALTH HAZARD** Immediately discontinue operations and notify DPH if an imminent health hazard may exist because of an emergency such as fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health;

7. **REPORT ILL EMPLOYEE** Immediately contact DPH to report an illness of an employee who is diagnosed with Norovirus, *Salmonella* Typhi (Typhoid fever), *Shigella* spp., Shiga toxin-producing *E. coli* including O157:H7, or Hepatitis A virus.

8. **REPLACE FACILITIES AND EQUIPMENT** Replace existing facilities and equipment with facilities and equipment that comply with the Code if:

   a. DPH directs the replacement because the facilities and equipment constitute a public health hazard or nuisance or no longer comply with the criteria upon which the facilities and equipment were accepted,

   b. DPH directs the replacement of the facilities and equipment because of a change of ownership, or

   c. The facilities and equipment are replaced in the normal course of operation.

### NOTE
This summary of requirements was developed as a guide only, and is not intended to be all-inclusive. Therefore, upon review of submitted plans, the Certificate of Approval may specify additional conditions for operating a food establishment, which may include, but are not necessarily limited to, these requirements.
PLAN REVIEW AND APPROVAL
REGULATORY REQUIREMENTS FOR MOBILE FOOD UNITS

Mobile Food Unit
A Food Establishment which does not operate at or within a fixed physical location, and does not operate solely in conjunction with an event or celebration; the unit may be a motorized vehicle, trailer, or non-propelled pushcart.

Time/Temperature Control for Safety Food
Foods that require time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation.

If a Mobile Food Unit serves only packaged non-time/temperature control for safety foods (TCS), no Food Establishment operating permit is required. “Packaged” means bottled, canned, cartoned, securely bagged, or securely wrapped, whether packaged in a food establishment or a food processing plant.

Upon the review of plans, specifications, menu and other information for a Mobile Food Unit, the Division of Public Health may modify or waive the requirements described below. Additional information follows on pages 2 and 3.

1. Servicing Area Agreement to use facilities at a permitted Food Establishment REQUIRED (Note 1)

2. Unit Construction
   2(A) Complies with structural requirements for design and materials REQUIRED
   2(B) Screened/closable service openings REQUIRED (Note 2)
   2(C) Self-closing exterior door(s) REQUIRED (Note 2)

3. Plumbing System
   3(A) Plumbing installed by licensed plumber under valid plumbing permit REQUIRED
   3(B) Plumbing system and fixtures subject to inspection REQUIRED (Note 3)

4. Water Supply
   4(A) Adequate supply of potable water REQUIRED
   4(B) Mobile water tank REQUIRED
   4(C) Hot (100°F min) and cold potable water under pressure REQUIRED

5. Sewage Disposal
   5(A) Sewage holding tank REQUIRED
   5(B) Sewage transfer at Servicing Area, or other approved facility REQUIRED

6. Handwashing Facilities
   6(A) Handwashing sink REQUIRED

7. Food Equipment and Storage
   7(A) Complies with industry standards, i.e. NSF, ETL-S, UL Sanitation REQUIRED
   7(B) Adequate dry storage to protect food from contamination REQUIRED
   7(C) Refrigeration unit(s) to hold product at 41°F or below, or keep frozen REQUIRED (Note 4)
   7(D) Cooking equipment to attain required time/temperatures REQUIRED (Note 4)
   7(E) Food preparation sink, separate from warewashing REQUIRED (Note 4)
   7(F) Hot holding unit(s) to hold prepared foods at 135°F or above REQUIRED (Note 4)

8. Warewashing and Utensil Storage
   8(A) Three compartment warewashing sink REQUIRED (Note 5)
   8(B) Test device to measure chemical sanitizer concentration REQUIRED
   8(C) Adequate storage space to prevent utensil contamination REQUIRED
   8(D) Single service articles only provided to consumers REQUIRED
1. **Servicing Area Agreement**
An operating base location to which a Mobile Food Unit returns regularly for cleaning of the vehicle, equipment and utensils; discharging liquid and solid wastes; refilling water tanks and ice bins; and replenishing supplies or food and utensils. The servicing area shall be provided with overhead protection, unless only water and sewage are serviced through a closed system.

Unless otherwise approved by the Division of Public Health, the operator of the Mobile Food Unit shall have a written letter of agreement with the permit holder of the Food Establishment to use such premises as a Servicing Area. To function as an operating base for a Mobile Food Unit, the Servicing Area shall be a fixed location Food Establishment with a valid operating permit issued by the Division of Public Health.

*(Note 1: The requirement for a Servicing Area Agreement may be waived by the Division of Public Health if the Mobile Food Unit is equipped with adequate on-board facilities for food preparation, refrigerated and dry product storage, and for cleaning and sanitizing of utensils and cookware.)*

2. **Unit Construction**
A Mobile Food Unit shall comply with the same design, construction, material and installation specifications described in Section 3 “Structural Requirements” in the Plan Review and Approval for Food Establishments.

The Mobile Food Unit shall be equipped with screened or closable consumer service openings, and self-closing solid or screened exterior doors. Upon review, modifications may be approved by the Division of Public Health.

*(Note 2: Requirements 2(B) and 2(C) may be waived by the Division of Public Health if the Unit is a mobile food cart having no entry into the interior of the Unit, and food is dispensed to the consumer by an operator positioned outside of the Unit.)*

3. **Plumbing System**
All plumbing shall be installed by a licensed plumber under a valid, current plumbing permit in accordance with the “State of Delaware Regulations Governing a Detailed Plumbing Code” and in compliance with applicable sections of the “Plumbing Requirements in Food Establishment Kitchens.”

*(Note 3: All plumbing work and fixtures installed on the unit are subject to inspection by the Division of Public Health and the authority having jurisdiction.)*

4. **Water Supply**
All handwashing sinks and warewashing sinks installed on a Mobile Food Unit shall be supplied with hot and cold potable water under pressure.

**Mobile Water Tank**
A water tank meeting the following requirements shall be installed on a Mobile Food Unit.

1. be constructed of materials, which are safe; durable, corrosion-resistant, and non-absorbent; and have smooth interior surfaces. If not permanently attached, hoses used to convey drinking water shall additionally be approved for drinking water use and clearly and durably identified;

2. be enclosed from the filling inlet to the discharge outlet; and sloped to an outlet that allows complete drainage of the tank. The filling inlet shall be ¾” diameter or less and provided with a hose connection of a size or type that will prevent its use for any other service; and

3. be equipped with a cap and keeper chain, closed cabinet, closed storage tube, or other approved protective cover or device for the water inlet, outlet, and hose.

**Alternative Water Supply**
In lieu of a mobile water tank, subject to approval by the Division of Public Health, a supply of potable water which meets water quality standards, may be provided through:

1. a supply of containers of commercially bottled drinking water; or

2. one or more closed portable water containers; or

3. piping, tubing, or hoses connected to an adjacent approved source.
PLAN REVIEW AND APPROVAL REGULATORY REQUIREMENTS FOR MOBILE FOOD UNITS

5. **Sewage Disposal**
   A liquid waste holding tank meeting the following requirements shall be installed on a Mobile Food Unit.

   **Mobile Sewage and Liquid Waste Holding Tank.** The sewage holding tank in a Mobile Food Unit shall be sized 15 percent larger in capacity than the water supply tank; and shall be sloped to a drain that is one inch (1") or greater inside diameter and equipped with a shut-off valve.

   **Sewage and Liquid Waste Removal.** Sewage and liquid wastes shall be removed through an approved sanitary sewage system at an approved Servicing Area, or by a sewage transport vehicle, in such a way that a health hazard or nuisance is not created. The sewage retention tank shall be thoroughly flushed and drained in a sanitary manner during servicing operations.

6. **Handwashing Facilities**
   At least one separate handwashing sink shall be provided on the Mobile Food Unit.

7. **Food Equipment And Utensils**
   Equipment and utensils used on a Mobile Food Unit shall comply with the same design, construction, and material specifications in Section 5 “Equipment Requirements” in the Plan Review and Approval for Food Establishments.

   **Thermometers.** One or more approved thermometers to monitor food temperatures while cooking, hot holding, cold holding for display, in refrigeration, and to measure warewashing water temperature shall be provided.

   **Ventilation.** Ventilation devices shall be certified or classified to food equipment industry standards, such as NSF, ETL-Sanitation, or UL Sanitation, and shall be installed to prevent grease or condensation from dripping onto food, equipment surfaces, and utensils. Such devices shall be of sufficient capacity to prevent grease or condensation from accumulating inside the Unit, and to keep the Unit free of excessive heat, steam, vapors, smoke, and fumes. Ventilation systems vented to the outside shall not create a public health hazard or unlawful discharge. Fire extinguishing equipment shall comply with requirements of the authority having jurisdiction.

   **(Note 4:** Requirements 7(C) and 7(D) may be waived by the Division of Public Health if the Unit prepares and serves only non-potentially hazardous foods.

   Requirement 7(E) may be waived by the Division of Public Health if the menu is limited to the serving of only pre-made foods which require no advance preparation from ingredients, or foods that are prepared from ingredients in advance at the approved Servicing Area.

   Requirement 7(F) may be waived by the Division of Public Health if potentially hazardous foods are not prepared in advance, are cooked only to consumer order, and are not held hot prior to serving.)

8. **Warewashing Facility for Cleaning and Sanitizing, Utensil Storage** - adequate facilities required

   **(Note 5:** Requirement 8(A) may be modified by the Division of Public Health to approve the installation of a two compartment warewashing sink using a detergent-sanitizer if warewashing is limited to batch operations, i.e. non-continuous operations, and the number of items is limited.

   Requirement 8(A) may be waived by the Division of Public Health if the applicant has a Servicing Area Agreement with a permitted Food Establishment, and returns to that Servicing Area for cleaning and sanitizing of cookware and utensils at least every 24 hours, or at an approved frequency determined by equipment characteristics, the type of foods involved, and the nature of Unit operations.

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7
APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.
1. NAME AND LOCATION OF FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

E-MAIL ADDRESS:

TEL NO. OF ESTABLISHMENT: __________ - __________ - __________

FAX NO. __________ - __________ - __________

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT/OWNER

3. SEASONAL/TEMPORARY MAILING ADDRESS (IF APPLICABLE)

TEL NO. __________ - __________ - __________

TEL NO. __________ - __________ - __________

4. MAIL CORRESPONDENCE TO (CHECK ONE): ☑ ADDRESS SHOWN IN BLOCK #A1 ☑ ADDRESS SHOWN IN BLOCK #A2

SECTION B: CLASSIFICATION

TYPE OF FOOD ESTABLISHMENT (CHECK ALL THAT APPLY)

1. ☑ FIXED LOCATION
2. ☑ MOBILE UNIT (SPECIFY FACILITY USED AS SERVICING AREA)
3. ☑ SEASONAL (SPECIFY DATES OF OPERATION)

◆ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE BELOW THE PREVIOUS FOOD ESTABLISHMENT NAME, IF KNOWN.

PREVIOUS NAME: ____________________________

PREVIOUS BUSINESS ID: ______________

TYPE OF PERMIT REQUESTED (CHECK ALL THAT APPLY)

1. ☑ FOOD SERVICE (RESTAURANT)
2. ☑ RETAIL FOOD STORE
3. ☑ FOOD PROCESSOR
4. ☑ VENDED FOOD
5. ☑ ICE MANUFACTURING

TYPE OF BUSINESS ENTITY

1. ☑ INDIVIDUAL
2. ☑ PARTNERSHIP (NAME: ____________________________)
3. ☑ ASSOCIATION (NAME: ____________________________)
4. ☑ CORPORATION (NAME: ____________________________)
5. ☑ OTHER ENTITY (SPECIFY TYPE: ____________________________)

6. INTERNAL REVENUE SERVICE STATUS (CHECK ONE)

FOR PROFIT NON – PROFIT

NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.

IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, STRUCTURE CONVERSION TO FOOD ESTABLISHMENT, REMODELING, OR CHANGES IN ESTABLISHMENT TYPE OR FOOD OPERATION TYPE. PLEASE INCLUDE THE REQUIRED NON-REFUNDABLE FEE WITH THIS APPLICATION. MAKE CHECK PAYABLE TO “STATE OF DELAWARE.”

THE ESTABLISHMENT PERMIT FEE IS NOT DUE UNTIL THE FACILITY IS APPROVED FOR OPERATION. AT THAT TIME, AN INVOICE WILL BE SENT TO THE ESTABLISHMENT APPLICANT.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A FOOD ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE "STATE OF DELAWARE REGULATIONS GOVERNING FOOD ESTABLISHMENTS" AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE ☑ ____________ DATE ____/____/_____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY ______________________ DATE __________

Doc.# 35-05-02/99/09/19 PERMBILL BUSINESS ID (PERMIT) NO: ______________________

DELAFORD HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Food Protection
SERVICING AREA AGREEMENT FOR MOBILE FOOD UNIT

PART 1
From (Applicant/Operator): __________________________________________

I have applied for a Food Establishment permit to operate a Mobile Food Unit or Pushcart, in accordance with the requirements set forth in the State of Delaware Food Code.

I agree to conditions set forth in this Section, specifically:

a. The Mobile Food Unit or Pushcart shall operate from a Servicing Area, and shall return regularly for cleaning of the vehicle, equipment and utensils; discharging liquid and solid wastes; refilling water tanks and ice bins; and replenishing supplies, food and utensils; and

b. The Servicing Area used as an operating base for Mobile Food Units or Pushcarts shall possess a valid Food Establishment permit issued by the Division of Public Health, and shall be constructed and operated in compliance with these Regulations.

Signature of Applicant/Operator: _________________________________________

Printed Name: ____________________________ Date: _____/____/____

PART 2
From: ________________________________ Food Establishment Permit Holder

I agree to allow the above-named operator use of the facilities located at:

________________________ Permitted Food Establishment __________________________

Facility ID No. __________________________ Permit Exp. Date __________________________

________________________ Street Address of Food Establishment __________________________

City __________________________ State ________ ZIP Code __________________________

for servicing operations of a Mobile Food Unit or Pushcart.

Signature of Permit Holder: __________________________________________

Printed Name: ____________________________ Date: _____/____/____

FOR OFFICIAL USE ONLY BELOW THIS LINE

AGREEMENT REVIEWED: APPROVED ____ DISAPPROVED ____ BY ______________________ DATE _____/____/____
TYPE OF FOOD OPERATION

APPLICANT: (PRINT) ________________________________ DATE: __/__/__

MOBILE FOOD UNIT NAME: __________________________________________

Changes in the type of food operation may require review and approval of plans and specifications by the Division of Public Health to ensure compliance with current Food Establishment regulations.

√ Check one or more items below to indicate type of food operation(s)

__ PREPARATION AND SALE OF NON-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD.*

__ PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* Only to order upon a consumer’s request.

__ PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, in quantities based on projected consumer demand, and discards food that is not sold or served, at an approved frequency.

__ PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, in quantities based on projected consumer demand, and discards food using time as the public health control.

__ PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, where preparation involves two or more of the following steps: combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding, cold holding; or freezing.

__ PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, where preparation involves two or more of the following steps: combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing. For delivery to and consumption at a location off the premises of the food establishment where it is prepared.

__ PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* In advance, where preparation involves two or more of the following steps: combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing. For service to a highly susceptible population.**

DEFINITION OF TERMS

* Time/Temperature Control for Safety Food: a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation.

** Highly Susceptible Population: Persons who are more likely than others in the general population to experience foodborne disease because they are immunocompromised, preschool age children or older adults and obtain food at a facility such as a child or adult day care center, kidney dialysis center, hospital, nursing home or senior center.

Doc No 35-05-20/08/10/03
FOOD PREPARATION REVIEW

1. **IDENTITY OF FOOD PREPARATION REVIEW**

   Name of Mobile Food Unit
   
   Applicant
   
   Address of Applicant
   
   Phone:

2. **FOOD ESTABLISHMENT OPERATING CHARACTERISTICS**

   A. Total square footage of Mobile Food Unit: 

   B. Number of floors on which food operations are conducted:

   C. Type of meal service to be provided: (Check all that apply)
   
      Take Out Food
      Mobile Food Unit
      Catering on premises
      Delivery of Prepared Food
      Catering off premises
      Highly Susceptible Population* (see definition below)

   * Highly Susceptible Population: Persons who are more likely than others in the general population to experience foodborne disease because they are immunocompromised, preschool children or older adults and obtain food at a facility such as a child or adult day care center, kidney dialysis center, hospital, nursing home or senior center.

   D. Number of seats for dining: Interior  Exterior

   E. Hours of operation:
   
      Sun  Mon  Tue  Wed  Thu  Fri  Sat
   
      If seasonal, specify approximate dates of operation:
      From  To

   F. Approximate daily maximum number of meals to be served:

      Breakfast:  Lunch:  Dinner:

3. **FOOD HANDLING PROCEDURES**
   
   In each of the following sections, please provide a brief description of your standard procedures to ensure that food is safe, unadulterated, and honestly presented when offered to the consumer. Please use additional sheets, if necessary.

   A. **Receiving Approved Source**

      How will you ensure that all foods are purchased from inspected and approved sources, such as retail store, purveyor, commercial processor, etc.?

   B. **Storage Protection from Contamination, Refrigerated and Frozen**

      How will you ensure that foods are maintained at 41°F or below, or frozen food maintained frozen?
FOOD PREPARATION REVIEW

How will you prevent cross-contamination between raw foods (meats, poultry, seafood) and cooked ready-to-eat foods?

C. Preparation Protection from Contamination

How will frozen foods be thawed before cooking?

How and where will foods (meat, poultry, seafood, produce) be washed and rinsed on-premises?

How will you minimize the time foods are in the Danger Zone (41°F - 135°F) during preparation?

How will ready-to-eat foods made by combining ingredients, such as tuna or chicken salad, be chilled after preparation?

D. Cooking Destruction of Organisms

How will you measure the required final cooking temperatures of time/temperature control for safety foods (thermometers, etc)?

E. Service Limiting Growth of Organisms

How will hot foods be maintained at 135°F or above during hot holding for service (steam tables, warmers)?

How will cold foods be maintained at 41°F or below during cold holding for service (cold pan units, buffet tables, etc)?

F. Cooling Limiting Growth of Organisms

How will foods be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours (ice bath, etc.)?

G. Reheating Limiting Growth of Organisms

Describe how foods for hot holding will be rapidly reheated to 165°F for 15 seconds within 2 hours (range, microwave).

H. Disposal Segregation and Disposition of Distressed or Contaminated Food

Describe the location for separation of contaminated/distressed foods. Describe your procedures to discard foods from unapproved sources, adulterated foods, and foods contaminated by employees or consumers.

Thank you for completing this Food Preparation Review. For information concerning food safety principles involved in these procedures, consult State of Delaware Food Code, or contact Office of Food Protection, telephone 302-744-4546.
**MOBILE FOOD UNIT INFORMATION SHEET**

Name of Mobile Food Unit ________________________________

Address Where Housed ________________________________________ Phone __________

Applicant/Owner ____________________________________________

Address of Applicant/Owner _______________________________ Phone __________

______________________________________ email ___________

**GARBAGE AND REFUSE STORAGE AND DISPOSAL:**

Container for indoor refuse storage provided? Yes____ No____

**OUTER OPENINGS - Doors and windows**

All openings protected from vermin entry by use of doors/screens? Yes____ No____

All outer doors self-closing? Yes____ No____

All openings in the unit properly caulked or sealed? Yes____ No____

**INDOOR AREAS (Floors): List type of materials**

Food Preparation Area: ____________________________________ Food Storage Area: _____________________________________ Warewashing Area: ____________________________

Grease-resistant material, impervious, easily cleanable? Yes____ No____

Floor and wall junctures covered? Yes____ No____

**INDOOR AREAS (Walls): List type of materials**

Food Preparation Area: ____________________________________ Food Storage Area: _____________________________________ Warewashing Area: ____________________________

Light color? Yes____ No____

Walls washable to level of splash? Yes____ No____

Materials smooth, easily cleanable? Yes____ No____

Exposed piping, etc. in food preparation areas and storage areas Yes____ No____

**INDOOR AREAS (Ceilings): List type of materials**

Food Preparation Area: ____________________________________

Food Storage Area: ________________________________________

Warewashing Area: _______________________________________

Light color? Yes____ No____

Materials smooth, easily cleanable? Yes____ No____

Exposed piping, etc. in food preparation areas and storage areas? Yes____ No____
**INTERIOR LIGHTING:** (Minimum illumination intensities required)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>50 foot-candles provided on all food preparation surfaces?</td>
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<tr>
<td>20 foot-candles provided inside equipment, in handwashing and warewashing areas, in storage areas?</td>
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<tr>
<td>10 foot-candles provided in all other areas?</td>
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<td>Safety shields provided for all lights in food preparation, service, storage, display areas, and where equipment and utensils are cleaned and stored?</td>
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<td>Area designated for damaged, spoiled or recalled products?</td>
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<td>Live animals excluded from food operations and adjacent areas?</td>
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<td>Separated or partitioned facilities provided for storage of poisonous and toxic materials?</td>
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<td>All plumbing to be installed by a licensed plumber with a current permit, and complies with applicable local, state and national plumbing codes?</td>
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<td>Water pressure at least 20 pounds per square inch in all areas?</td>
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<tr>
<td>All plastic potable water lines NSF-PW approved or equal?</td>
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<td>Backflow prevention device on all hose connections?</td>
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<td>All food equipment and fixtures installed to preclude the possibility of back siphonage?</td>
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<tr>
<td>Waste drainlines from equipment <strong>indirectly connected through air gap</strong> to sewer?</td>
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<tr>
<td>Utility service lines installed in compliance with all applicable codes?</td>
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<tr>
<td>Utility service lines installed inside walls, or installed with stand-off brackets to provide minimum 1 inch clearance between line and wall?</td>
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<td>Exposed overhead wastewater or sewer lines located in food preparation areas or storage areas?</td>
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<td>Joints formed by plumbing fixtures mounted on walls or floors sealed with approved sealant?</td>
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<td>Fixtures sealed to walls and floors, or a minimum clearance of 1 inch provided?</td>
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<td>Handwashing sinks provided in areas as required?</td>
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<td>Three-compartment warewashing sink with integral drainboards on both sides provided?</td>
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**HOT WATER SUPPLY**

<table>
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<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Brand name and model no. of hot water heater</td>
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<tr>
<td>Temperature/Pressure Relief Valve installed on water heater?</td>
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<tr>
<td>Storage capacity of hot water heater</td>
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<tr>
<td>Input rating Gas ___________ (BTU) Electric ___________ (KW)</td>
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POTABLE WATER AND WASTE RETENTION TANK
Size of potable water tank (in gallons)_____ Size of waste retention tank_____

EQUIPMENT
Did you provide the manufacturer’s name and model number of all equipment?*
Yes_____No_____

VENTILATION
Exhaust hoods and fire suppression systems constructed and installed according to applicable codes?
Yes____ No____
Ventilation system and exhaust fans installed in such a manner so as not to create a nuisance or health problem at point of discharge?
Yes____ No____

WORK SURFACES
Food contact surfaces safe, durable, corrosion-resistant, nonabsorbent, smooth and easily-cleanable?
Yes____ No____
Non-food contact surfaces constructed of corrosion-resistant, nonabsorbent, and smooth materials?
Yes____ No____

DISPLAY
Sneeze guards, food shields, or other devices provided where required? Yes____ No____

STORAGE
Cubic feet of refrigerated storage: ____________________________

Cubic feet of frozen food storage: ____________________________

Square footage of dry and canned food storage: ____________________________

Facilities (racks and shelving) provided for food storage 6 inches above floor, or 12 inches above floor if shelves exceed 24” depth?
Yes____ No____

Exposed sewer and exposed water lines or waste water lines over food storage areas?
Yes____ No____

MOBILE FOOD UNIT LAYOUT PLAN (Two copies are required for review) Scale: 1/4” = 1 foot
Did you provide two copies of the floor plan, showing locations of all equipment listed above?*
Yes____ No____

MENU
Did you provide a menu or complete list of all foods and beverages to be served?*
Yes____ No____

Did you provide all applicable information in the Food Preparation Review?*
Yes____ No____

Did you complete the Type of Food Operation sheet?
Yes____ No____

(X)
Signature of Applicant

Printed Name of Applicant

Name of Food Establishment
MOBILE FOOD UNIT EQUIPMENT SCHEDULE

NAME OF MOBILE FOOD UNIT:  

DATE: ___ / ___ / ___

SUBMITTED BY:

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ITEM DESCRIPTION</th>
<th>MANUFACTURER</th>
<th>MODEL NO.</th>
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(USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)
MOBILE FOOD UNIT FLOOR PLAN & EQUIPMENT LAYOUT

Scale 1/8” = 1 foot
(If other scale, specify: __________)

NAME OF UNIT: ________________________________ Submitted by: ________________________________