



## Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205

### PERMITTING APPLICATION Mobile Food Facility

#### **INSTRUCTIONS:**

**This application is for mobile food facility owners intending to operate in Allegheny County.** Mobile food facilities are self-contained, limited-service facilities that are mechanically, manually or otherwise propelled vehicles. Mobile operations are required to report to a permitted commissary as required for all food, potable water, waste disposal, cleaning and sanitation, and other servicing operations as needed.

**Note:** Please check local, municipal, or City of Pittsburgh ordinances as additional regulations for mobile food vending may apply.

**Print neatly or type and complete all sections of application. Check all boxes that apply. If any section of the checklist is not applicable, mark "N/A" in question box.** Please provide as accurate information as possible to help streamline the permitting process.

#### **Your application must include the following items:**

1. A signed and completed Mobile Food Facility Permitting Application (this form)
2. Tentative menu and/or types of food to be sold, stored, prepared
3. List of equipment including the manufacturer's names and model numbers
4. Labeled floor plan of the mobile food unit and the commissary facility (drawn to scale for dimensions)
5. Commissary Agreement Letter, if applicable
6. Proof of applying for, or having received, a sales and use tax license
7. Payment of the Mobile Food Facility Application fee

Checks and money orders must be made payable to the "**Treasurer of Allegheny County.**" Send the application, supporting documents, and fee to the:

Allegheny County Health Department, Food Safety Program  
2121 Noblestown Road, Suite 210  
Pittsburgh, PA 15205

**Failure to provide all required information will delay the review and approval of your application.**

For questions about this application, email the Allegheny County Health Department (ACHD) Food Safety Program at [foodsafety@alleghenycounty.us](mailto:foodsafety@alleghenycounty.us) or call at 412-578-8044.

#### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Municipality: \_\_\_\_\_ Check #: \_\_\_\_\_  
Application No.: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Business Information		
Vehicle Trade Name (Mobile Food Facility DBA):		Food Facility Phone:
Commissary Name:		
Commissary Location/Address:		
City:	State:	Zip Code:
Legal Name for Corporation or LLC (proposed food permit holder of mobile food facility):		
Mobile Food Facility Business Mailing Address:		
City:	State:	Zip Code:
Mobile Food Facility Contact Person:	Job Title of Contact Person:	
Contact Person Email:		Contact Person Phone:

Mobile Food Facility Description	
<input type="checkbox"/> Motorized vehicle License plate: _____	<input type="checkbox"/> Current copy of State registration
<input type="checkbox"/> Towed vehicle License plate: _____	<input type="checkbox"/> Current copy of State registration
<input type="checkbox"/> Push cart For use: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
<input type="checkbox"/> Other Describe:	

Sales and Use Tax License Verification
<input type="checkbox"/> Business or sole proprietor has applied for and/or received a sales and use tax license from the Pennsylvania Department of Revenue. A copy of the sales tax license or proof of application is required with this application.
<p><b>Note:</b> For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.</p> <input type="checkbox"/> I have determined that my business is exempt from the collection of sales tax. I certify the facility is compliant with the PA Department of Revenue rules and regulations. All applicable supporting documentation is attached.

Food Handling Operations			
Mark if the described operation occurs at the commissary (C), on the mobile food facility (M), or if the process does not apply to your operation. TCS food = food that requires temperature control for safety	C	M	N/A
Complex food preparation with TCS foods (Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve)			
Specialized food preparation process such as curing, dehydrating, fermentation, acidification, vacuum packaging, or sous vide cooking			
Reheating of food items previously cooked and cooled in your commissary or on your mobile food facility			
Changing or modifying a TCS food to a non-TCS food			
Use time alone as a "Public Health Control" for TCS foods			
Food preparation with no cook step (Store-Prepare-Serve)			
Prepare food for same day service (Store-Prepare-Cook-Serve)			
Reheating of commercially processed pre-cooked foods			
Cooling food prepared with ingredients at room temperature (examples: salsa, tuna salad)			
Washing and packaging/wrapping fruits or vegetables intended for immediate consumption.			
Repackage bulk food items into consumer-retail-ready packaging.			
Serve or provide opened beverage containers and/or prepare mixed drinks			
Provide commercially processed and packaged TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)			
Handle seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes.			
Provide commercially processed and packaged non-TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)			
Offer unopened bottled or canned beverages			
Offer unopened snacks (examples: chips, canned soda, cookies, candies)			

Mobile Food Facility History
Is the mobile food facility (vending unit) being newly constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the mobile food facility previously permitted by the Allegheny County Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If available, provide the name the mobile unit previously vended food as (DBA): _____

**Mobile Food Facility Operational Details**

At least 1 Certified Food Protection Manager will be present during hours of operation, preparation, service

At least 1 probe-type thermometer will be provided to monitor food temperatures (0°F – 220°F)

Indicate if raw or undercooked animal food items are being served  
 (If yes, menu must include Consumer Advisory information for this product)  Yes  No

How will food be protected from contamination by the public? (Check all that apply)

- Sneeze guard (easily cleanable)  Covered with lids
- Prepackaged individual servings  N/A

Other, describe: \_\_\_\_\_  
 \_\_\_\_\_

Describe what will be done with remaining or leftover food items from mobile food vending operations at the end of a business day: \_\_\_\_\_  
 \_\_\_\_\_

Source(s) of power:  Electric generator - make: \_\_\_\_\_ model: \_\_\_\_\_  
 Propane  Gas  
 Other, describe: \_\_\_\_\_  
 \_\_\_\_\_

Where will the mobile food facility be stored or parked? Provide address:  
 \_\_\_\_\_

How will the mobile food facility be cleaned and maintained? Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cleaning and Sanitation**

Kitchen Utensils:  Single Service  Multi-use  Multiple sets provided on mobile unit

Consumer tableware:  Single Service  Multi-use; explain: \_\_\_\_\_

Where will utensils and kitchenware be cleaned and sanitized? (Check all that apply)  
 Commissary  Mobile unit

Method for sanitizing:  Chlorine/bleach  QAC  Other (Specify): \_\_\_\_\_

**Handwashing Facilities**

- Hand washing facilities are provided in each food preparation, food dispensing and ware-washing area
- Adequate supply of potable water (hot and cold) is provided. (Note: integral water system must have a pump to provide pressure and hot water heater to consistently provide water at 100°F or higher)
- Hand washing sinks are installed to prevent splash from contaminating food and food zones.

**Storage**

How will the temperature of food which requires temperature control for safety be maintained during transport? Describe: \_\_\_\_\_  
 overnight? Describe: \_\_\_\_\_

- Thermometers will be provided inside all refrigeration units
- There is an adequate storage area (shelving, cabinets, or other means) to keep all food, utensils, equipment, and single-service and single-use items off of the floor and ground
- All items can be protected and stored on mobile unit or at commissary

**Water Supply and Wastewater Disposal**

	Commissary	Mobile
<b>Water Supply</b>	Source of water: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well If <b>Municipal</b> , provide name of Water Authority: _____  If <b>Private</b> , please note that the system must be inspected and approved prior to issuance of a food permit. Contact the ACHD Waste and Water-Related Program at (412) 578-8040.  Location of water source fixture (be specific to the plumbing fixture that will be used in commissary): _____	Water storage tank capacity: _____ gallons  Hot water tank capacity: _____ gallons  Method of filling water storage tank: _____ _____  <input type="checkbox"/> Dedicated food grade hose provided <b>Make:</b> _____ <b>Model:</b> _____
<b>Wastewater Disposal</b>	Type of disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Private System If Municipal, provide name of Sewage Authority: _____  If <b>Private</b> , please contact the Sewage Enforcement Officer at the ACHD Waste and Water-Related Program at (412) 578-8040.  Wastewater Disposal location (be specific to the plumbing fixture that will be used in commissary): _____ _____ <i>(submit copy of contract if the location is other than commissary address)</i>	Capacity of waste tank: _____ gallons <i>(Waste must be stored in a permanently installed retention tank 15% larger than water supply tank)</i>  <input type="checkbox"/> Wastewater retention tank is permanently installed  How is the water transferred from the wastewater retention tank to the approved disposal location? _____ _____



<b>Commissary Equipment List</b>			
<p><b>Provide information on all that applies. Attach a separate sheet if needed.</b>                      The list of equipment below should correspond to equipment listed on the floor plan for the commissary facility. List the type, make and model number for all food service equipment and submit with manufacturer's cutsheet and specification.</p>			
<b>List (include how many)</b>	<b>Provided by Commissary (✓)</b>	<b>Manufacturer</b>	<b>Model number</b>
<b>PLUMBING</b>			
3-compartment sink			
2-compartment sink			
Dishwashing Machine			
Hand washing sink			
Food preparation sink			
Utility sink			
Other			
<b>REFRIGERATION</b>			
Walk-in cooler			
Walk-in freezer			
Upright Cooler			
Upright Freezer			
<b>COOKING</b>			
Grill			
Fryer			
Griddle			
Other			
<b>HOT-HOLDING</b>			
<b>OTHER</b>			
Work tables			

<b>Mobile Food Facility Equipment List</b>			
<p><b>Provide information on all that applies. Attach a separate sheet if needed.</b>                      The list of equipment below should correspond to equipment listed on the floor plan for the mobile food facility. List the type, make and model number for all food service equipment and submit with manufacturer's cutsheet and specification.</p>			
<b>List (include how many)</b>	<b>Provided by Commissary (✓)</b>	<b>Manufacturer</b>	<b>Model number</b>
<b>PLUMBING</b>			
3-compartment sink			
2-compartment sink			
Dishwashing Machine			
Hand washing sink			
Utility sink			
Other			
<b>REFRIGERATION</b>			
Upright Cooler			
Upright Freezer			
Ice chest (if only packaged food)			
<b>COOKING</b>			
Grill			
Fryer			
Griddle			
Other			
<b>HOT-HOLDING</b>			
<b>OTHER</b>			
Work tables			



**Mobile Food Facility Ventilation**

**Complete the following for the mobile unit if a ventilation system is proposed:**

Type of fuel used for cooking (select all that apply):  Propane  Wood  Charcoal

Type of ventilation system:  Ventilator (updraft)  Canopy

Size of hood: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Overhang: \_\_\_\_\_

Distance from floor to bottom of hood: (canopy only) \_\_\_\_\_

Volume of air to be exhausted: \_\_\_\_\_ CFM (cubic feet per minute)

Source of fresh return/make-up air  
 Within hood  Automatic louvered fan  Passive louvered vent  Other

• Explain: \_\_\_\_\_

Filters: No. \_\_\_\_\_ Design \_\_\_\_\_ Size \_\_\_\_\_

Ducts: No. \_\_\_\_\_ Length \_\_\_\_\_ Size \_\_\_\_\_

**Additional Commissary Details**

Mobile food units shall report to commissary for all food and supplies and then again for all cleaning, servicing operations and waste disposal. The commissary must have current health permit.

**Note:** The commissary must be separate from personal-use kitchen or any room used as living or sleeping quarters.

New commissary being constructed (Requires completion of the Permanent Food Facility Plan Review Application)

Using existing licensed food facility as commissary

**If the commissary facility is inside Allegheny County:**

Copy of food permit attached

Signed, agreement letter between food facility and mobile unit owner attached

**If commissary is outside of Allegheny County:**

Copy of valid license or food permit (for building used) from local jurisdiction attached

Copy of recent inspection report attached

Is commissary located in a building that is also used as a residence?  Yes  No

**Additional Commissary Details (continued)**

The proposed commissary will be used for the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Food Storage     | <input type="checkbox"/> Single service supplies         | <input type="checkbox"/> Storage of mobile unit |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Cleaning of equipment/utensils  | <input type="checkbox"/> Repairs of mobile unit |
| <input type="checkbox"/> Water            | <input type="checkbox"/> Solid and liquid waste disposal |   |

Describe method of disposal of solid waste (garbage) from the entire operation:

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Describe method of disposal of waste cooking oil:

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General Premises (✓)	Commissary	Mobile
Floors, walls and ceilings are smooth, non-absorbent and easily cleaned	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities with hand washing sinks are available and accessible	<input type="checkbox"/>	N/A
Adequate overhead coverage is provided	N/A	<input type="checkbox"/>
Adequate space is provided for storing personal belongings, separate from food operation	N/A	<input type="checkbox"/>
Sufficient, shielded lighting is provided	<input type="checkbox"/>	<input type="checkbox"/>
Self-closing doors and screened openings are provided to protect against the entrance of pests	<input type="checkbox"/>	<input type="checkbox"/>
Water-tight garbage and refuse containers are provided and have lids	<input type="checkbox"/>	<input type="checkbox"/>

**Acknowledgement of Submittal**

As a representative of the new business owner, I understand and affirm that the facility must be brought into compliance with current Allegheny County Health Department Rules and Regulations and also acknowledge, upon any inspection, that if the facility is found to be out of compliance with applicable current codes and standards, the facility is subject to necessary upgrades.

I affirm that the above information is true to the best of my knowledge and belief. The undersigned hereby makes application for a permit to operate a Food Facility in the County of Allegheny.

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**Print Name** **Title**

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**Signature** **Date**