



Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205

PERMITTING APPLICATION Mobile Food Facility

INSTRUCTIONS FOR A MOBILE FOOD FACILITY PERMIT:

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.

Mobile food facilities operations hold a permit for the vehicle/trailer/cart and a permit for use of a commissary location. A separate Commissary Permit for a Mobile Food Facility Application must be submitted to accompany this Mobile Food Facility Application.

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.

Your application must include the following items:

1. A signed and completed Mobile Food Facility Permitting Application
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 for mobile food facility
4. Labeled floor plan of the mobile food facility
5. Proof of receiving or having applied for a sales and use tax license from the PA Department of Revenue
6. Copy of license plate and vehicle registration for mobile facility
7. Separate Mobile Food Facility Commissary application, if required

Application fees are not required with your submitted application. The application fee will be verified and invoiced during the review process. If paying by check or money order, make payable to the "**Treasurer of Allegheny County**" and send 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. Please allow approximately 6-8 weeks for review.

For questions about this application, email the Allegheny County Health Department (ACHD) Food Safety Program at 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 of 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:

Non-profit Status Information
<p>ACHD Article III, § 302.3(D):</p> <ol style="list-style-type: none"> 1. A tax-exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C.A. § 501(c)(3)). 2. A volunteer fire company or ambulance, religious, charitable, fraternal, veterans, civic, sportsmen, or a separately chartered auxiliary of an association on a nonprofit basis. 3. An organization that is established to promote and encourage participation and support for extracurricular recreational activities for youth of primary and secondary public, private and parochial school systems on a nonprofit basis. <p>Are you requesting nonprofit status? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If requesting non-profit status, then provide one of the following with your application:</p> <p><input type="checkbox"/> IRS Letter of Determination with EIN</p> <p><input type="checkbox"/> Letter or Statement from the PA Department of State with EIN</p> <p><input type="checkbox"/> A charter from a nonprofit organization to operate the facility</p> <p><input type="checkbox"/> Other (describe):</p>

Sales and Use Tax License Verification

☐ 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.

Note: For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.

☐ 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.

Mobile Food Facility Description

☐ **Motorized vehicle** License plate: _____ ☐ Current copy of State registration

☐ **Towed vehicle** License plate: _____ ☐ Current copy of State registration

☐ **Push cart** For use: Indoor Outdoor

☐ **Other** Describe: _____

Review Fee

<input type="checkbox"/> Class I (1)	No fee	Class I food facilities only handle commercially pre-packaged food which does not require temperature control for safety.
<input type="checkbox"/> Class II (2)	\$55.00	Food facility will handle only commercially prepackaged food & beverages which remain in sealed packaging and require temperature control for safety (TCS)
<input type="checkbox"/> Class III (3)	\$75.00	Facility will prepare and handle food that has been removed from packaging and a) food/beverages that are not TCS, or b) food/beverages that are TCS, ready-to-eat food and/or cooked food which will be served on same day as preparation without cooling step
<input type="checkbox"/> Class IV (4)	\$75.00	Food facility will handle TCS food, some of which will require complex food preparation steps, such as cooling batches for later reheating and/or specialized food processes requiring a Hazard Analysis of Critical Control Points (HACCP) plan

Mobile Food Facility History

Is the mobile food facility (vending unit) being newly constructed? ☐ Yes ☐ No

Was the mobile food facility previously permitted by the Allegheny County Health Department? ☐ Yes ☐ No ☐ Unknown

If available, provide the name the mobile unit previously vended food as (DBA):

Mobile Food Handling Operations			
Mark "Yes," "No," or "N/A" for the food operations described below.	YES	NO	N/A
Cooling of foods previously cooked in your facility for later use			
Process such as curing, dehydrating, fermentation, acidification, vacuum packaging, or sous vide cooking			
Reheating of food items previously cooked and cooled in your facility			
Changing or modifying a perishable food to a shelf stable food			
Use Time as a Public Health Control for foods that normally require refrigeration or hot holding			
Food preparation with no cook step including opening of manufacturers packaging for service (Store-Prepare-Serve)			
Cooking food for same day service (Store-Prepare-Cook-Serve)			
Reheating of commercially processed food			
Cooling prepared foods from ambient temperatures (examples: salsa, tuna salad)			
Washing and packaging/wrapping fruits or vegetables intended immediate consumption			
Repackage bulk food items into consumer packaging			
Serve or provide opened beverage containers (examples: coffee, draft beer, slushies)			
Provide commercially processed and packaged foods which require refrigeration in original packaging; packaging opened by the consumer (Receive-Store-Hold)			
Provide milk, eggs, cheese, meats, or poultry food items			
Provide seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes			
Provide commercially processed and packaged foods which do not require refrigeration for safety 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)			
Offer unbottled brewed coffee			
Offer unpackaged or repackaged food items			

For more information about food facility classification, please use the [Classification Flow Chart](#) or visit alleghenycounty.us/FoodSafety.

Mobile Food Facility Operational Details

Will at least one Certified Food Protection Manager be present during hours of operation, preparation, service? ☐ Yes ☐ No

Will at least one probe-type thermometer be provided to monitor food temperatures (0°F – 220°F)? ☐ Yes ☐ No

Will raw or undercooked animal food items be served? ☐ Yes ☐ No
Note: If yes, menu must include Consumer Advisory information for the product

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: _____

Please provide the location where the mobile food facility will be stored or parked: _____

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

Food Equipment Power Source: ☐ Electric generator - make: _____ model: _____

☐ Propane

☐ Gas

☐ Other, describe: _____

Cleaning and Sanitation

Type of kitchen utensils used on the mobile unit:

☐ Single Service

☐ Reusable

☐ Multiple sets provided on mobile unit

Type of consumer utensils:

☐ Single Service

☐ Reusable

If using reusable kitchen and/or consumer utensils, please 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

Are handwashing facilities available on the mobile unit?

☐ Yes

☐ No

Is a handwashing sink being installed directly beside a food storage or food-contact surfaces?

☐ Yes

☐ No

If yes, how will food storage or food-contact surfaces be protected?

☐ Splash guard

☐ Other, describe: _____

Is an adequate supply of potable water (hot and cold) provided?

☐ Yes

☐ No

Note: Integral water system must have a pump to provide pressure and hot water heater to consistently provide water at 100°F or higher.

Storage

How will the temperature of food which requires temperature control for safety be maintained:

1. during transport? Describe: _____

2. overnight? Describe: _____

Will thermometers be provided inside all refrigeration units?

☐ Yes

☐ No

If no, please explain: _____

Will provided storage (shelving, cabinets, or other means) keep all food, utensils, equipment, and single-service and single-use items off of the floor and ground?

☐ Yes

☐ No

If no, please explain: _____

Will all items be protected and stored on mobile unit or at commissary?

☐ Yes

☐ No

If no, please explain: _____

Mobile Water Supply and Wastewater Disposal	
	Mobile
Water Supply	<p>Water storage tank capacity: _____ gallons</p> <p>Method of filling water storage tank: _____</p> <p>What type of water heater will be provided?</p> <p><input type="checkbox"/> Hot water tank. Provide the hot water tank capacity: _____</p> <p><input type="checkbox"/> Tankless water heater. Provide the: Flow rate: _____ gallons/minute Rise in temperature: _____ °F</p> <p>Make and model number of water heater: _____</p> <p><input type="checkbox"/> Dedicated food grade hose provided</p> <p>Make: _____</p> <p>Model: _____</p>
Wastewater Disposal	<p>Capacity of waste tank: _____ gallons</p> <p>Note: Waste must be stored in a permanently installed retention tank 15% larger than water supply tank and hot water tank combined.</p> <p><input type="checkbox"/> Wastewater retention tank is permanently installed</p> <p>How is the water transferred from the wastewater retention tank to the approved disposal location?</p> <p><input type="checkbox"/> Dedicated hose for wastewater removal</p> <p><input type="checkbox"/> Other (explain): _____</p>

[illegible]

Mobile Food Facility Equipment List

Provide information on all that applies. Attach a separate sheet if needed.

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.

All equipment must be designed and constructed in accordance with the criteria in ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308. If manufacturer and/or model number is unknown, then list the location of the equipment. It will be evaluated during the inspection.

***Equipment certified by NSF, ETL Sanitation, UL EPH, or equivalent American National Standards Institute (ANSI) accredited program certifications comply under ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308.**

List (include how many)	Provided by Commissary (✓)	Manufacturer	Model number
PLUMBING			
3-compartment sink			
2-compartment sink			
Hand washing sink			
Other			
REFRIGERATION			
Upright Cooler			
Upright Freezer			
Ice chest (if only packaged food)			
COOKING			
Grill			
Fryer			
Griddle			
Other			
HOT-HOLDING			
OTHER			
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: Number: _____ Design: _____ Size: _____

Ducts: Number: _____ Length: _____ Size: _____

Is a fire suppression system available? ☐ Yes ☐ No

If yes, list type: _____

Note: Having a fire suppression system is highly recommended. Local municipalities may have requirements which prohibit you from operating in their jurisdiction without fire suppression in your mobile facility.

Mobile General Premises (P)

Floors, walls and ceilings are smooth, non-absorbent and easily cleaned ☐

Adequate overhead coverage is provided ☐

Adequate space is provided for storing personal belongings, separate from food operation ☐

Sufficient, shielded lighting is provided ☐

Self-closing doors and screened openings are provided to protect against the entrance of pests ☐

Water-tight garbage and refuse containers are provided and have lids ☐

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.

Print Name

Title

Signature

Date