

CUYAHOGA COUNTY  
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BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

**NEW MOBILE UNIT PLAN REVIEW APPLICATION**

*This application must be completed and submitted to CCBH for review prior to operating a mobile unit. Remember that you must contact your CCBH representative if you make any equipment or menu changes after your mobile unit is approved.*

Name of mobile

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Address of mobile storage location

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Vehicle License Plate Number

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Name of Owner/Operator

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Address of Owner

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Telephone & email

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**Please identify what type of mobile you are operating:**

- Knock-down mobile
- Pre-Packaged, Non-perishable Push-Cart
- Push-Cart
- Self-Sufficient Vehicle or Trailer
- Vehicle or Trailer that is not Self-Sufficient

**Please list the Ohio communities in which you will operate your mobile unit.**

***\*Some cities may have additional operating permits and requirement. Please contact local communities for details and guidance.***

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**Please list the names of the Person(s) in Charge during hours of operation**

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**Please identify all sources for food items, including your ice supplier**

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**Please list all of the food and beverage items that you will be preparing and serving**

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**Please describe how you will monitor food temperatures**

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**Please identify what sanitizer you will be using – you must have sanitizer test strips on hand**

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**Please identify the source of your potable water supply.**

**Describe how water will be delivered to the mobile unit.**

**Specify the type of backflow prevention valve, such as ASSE-1011, and the type of food grade hose to be used, such as NSF 61.**

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**Please describe how electricity, gas and or propane will be delivered to the mobile unit**

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**Please confirm whether any of the following activities will be conducted by the mobile unit.  
If you answer yes, please describe how the activity will be done.**

**Thawing food                    YES   NO**

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**Slicing produce                YES   NO**

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**Cooling and reheating food                    YES   NO**

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**Serving raw or undercooked food            YES   NO**

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**Frying food            YES   NO**

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**Storing food at a location other than the mobile unit    YES   NO**

Address of storage location

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FSO/RFE license information

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ODA registration information

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# Equipment

All equipment must be commercial-grade and recognized by listing agency such as National Sanitation Foundation (**NSF**), Intertek Sanitation Testing Services (**ETL-Sanitation**), or UL Sanitation (**UL-SAN, or UL-EPH**). Equipment designed for household use will not be approved.

***Be sure that all equipment is shown on drawings or your application will not be accepted or processed.***

Please complete the equipment table below. Make and model numbers of equipment are required.

#	Equipment Description	Manufacturer	Model Number
1	Prep top cooler	True	ABC-123

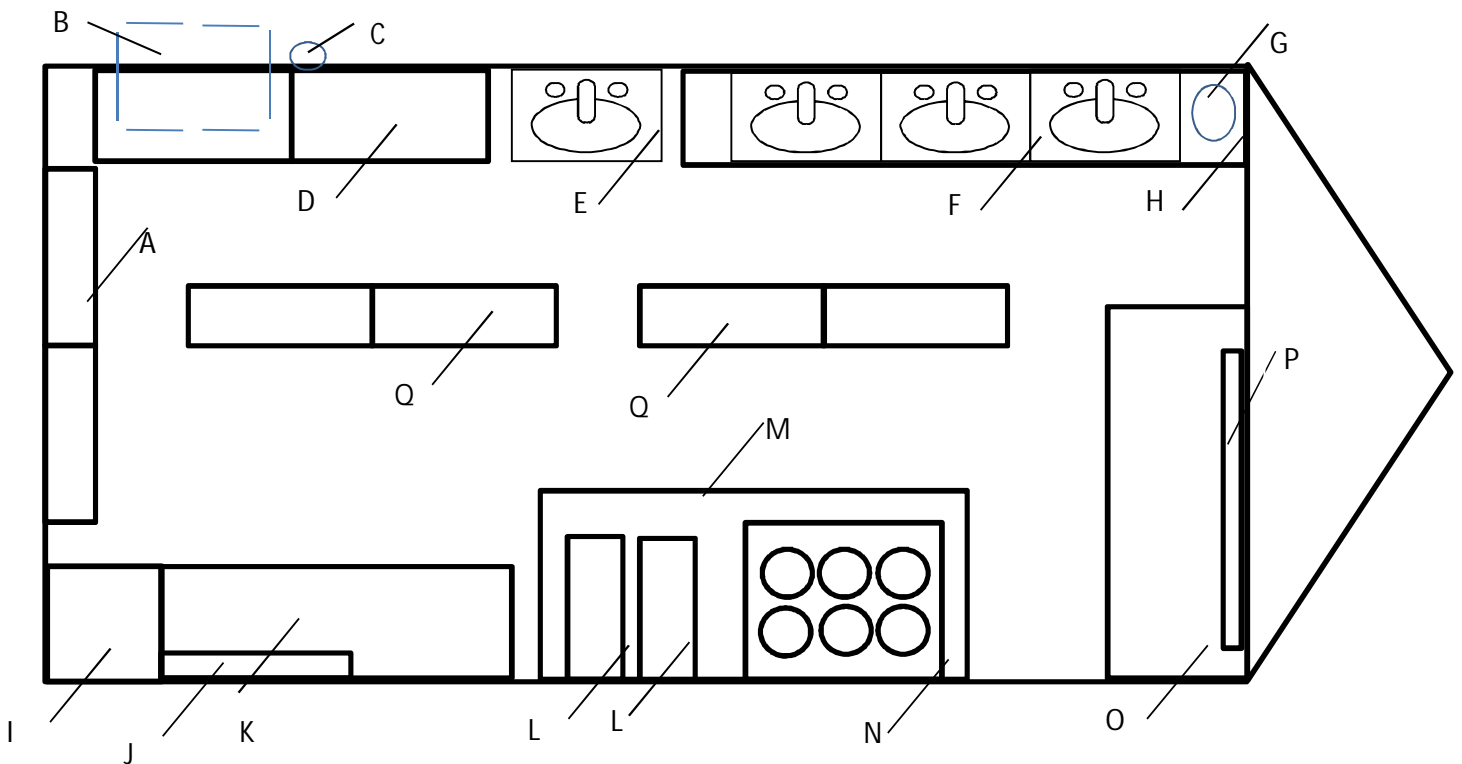
## Surface Finish Materials

All surfaces must be smooth & easily cleanable. List the material used in your mobile.

Floor	Ceiling	Wall	Base Coving	Counter	Cabinets/Shelving

## Layout of Mobile Unit

Please follow this example and include hot water tank, equipment, chemical storage, etc.



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|---|--|
| A. Exit Door                                | I. Dry storage shelving                |
| B. Holding Tank                             | J. Service Window                      |
| C. Backflow Prevention Device               | K. Stainless Steel Table with Shelving |
| D. Fridge/Freezer Combo                     | L. Fryer                               |
| E. Handwashing Sink                         | M. Hood Ventilation System             |
| F. Three Compartment Sink with drain-boards | N. Stove                               |
| G. Hot Water Tank                           | O. Prep Top Cooler                     |
| H. Chemical storage under sink              | P. Shelving                            |
|   | Q. LED Lights                          |

Please draw the layout for your mobile unit here:

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## Identification

**Your mobile unit must be clearly identified when it is in use. The following items must be visible at all times when operating:**

- Name of operation
- City of origin
- Zip code
- Phone number

**Lettering is required to be a minimum of 3" high by 1" wide**

## Operation

**Prior to the operation of a mobile unit in our jurisdiction, the following steps must be completed:**

1. Fill out this application including the equipment list, surface finish materials list, and layout for the mobile unit.
2. Call CCBH to schedule a pre-licensing inspection. When you call to make the appointment, you will receive instructions so that you have everything you need for the inspection.
3. Pay \$306 to CCBH by cash, check or money order. You can drop off the fee at our office or mail in your payment. PLEASE DO NOT MAIL CASH.

**Whenever your mobile unit is operating after being approved, you must always post the original mobile license with the CCBH-approved drawing. There are no exceptions to this rule.**

## Statement from applicant

I hereby certify that the above information is correct. I fully understand that making any change from the above information without prior permission from CCBH may prevent my application from being approved.

**Signature(s)**

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**Printed Name(s)**

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**Date of Submission**

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Approval of these plans and specifications by CCBH does not indicate compliance with any other federal, state or local code, law, or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed mobile unit structure or equipment). A pre-opening inspection of the mobile unit with equipment in place and fully operational will be necessary to determine if the mobile unit complies with the governing local and state laws.

***\*Licensor to complete below***

**CCBH Representative**

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**Date**

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**Restrictions**

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**Permit Effective Dates**

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**Date of denial of application**

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**Reasons for denying the application**

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