



## ITINERANT FOOD VENDING ESTABLISHMENT PLAN REVIEW APPLICATION (Code References: FDA Model Code 2022)

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay your license. Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District Food Establishment Regulations. Licenses are not transferable.

Name of Operation:
Phone Number of Operation:
Name of Legal Owner of Establishment:
Birth Date of Legal Owner of Establishment:
Address for Legal Notices:
Email Address for Public Health Alerts:
Phone Number for 24-hour Emergency Contact: (Cell preferred)
Location Where Food is Prepared:  Onsite Service Kitchen (see Base Kitchen Declaration form)
Primary Location of Vending (Site and Town/City):
Water Source: 🗆 Public 🛛 Well (provide recent water test) 🗖 Bottled Source (Poland Spring, Dasani, etc.)
Fresh Water Holding Tanks: Size:    Construction materials:
Location Where Waste Water is Disposed:  Service Kitchen  Private Hauler Service  Water Treatment Facility
Equipped with Waste Water Holding Tanks:  Yes gallons  No
Vending Vehicle(s) Registration #: Make: Model: Color:
Operational Period:
Class II, III and IV Only: Certified Food Protection Manager (CFPM):
Person In Charge (PIC):

#### **OVER**



#### INCLUDE WITH YOUR COMPLETED APPLICATION:

D Payment (Make checks payable to Ledge Light Health District. There is a \$25 charge for all returned checks.)

Copy of Proposed Menu

Copy of CFPM Certification (ServSafe, National Registry, etc.)

□ Site Plan of Mobile Vending Layout

Copy of Recent Service Kitchen Inspection Report (see Base Kitchen Declaration Form)

□ Copy of Recent Water Test (for well water only)

By signing, the applicant agrees the above information is accurate and agrees to comply with all aspects of the State of Connecticut and Ledge Light Health District Food Regulations. **This is not a permit; permits will be provided by** *mail and are require to be posted on the vending unit/catering unit.* 

Applicant Signature:\_\_\_\_\_ Date: \_\_\_\_\_

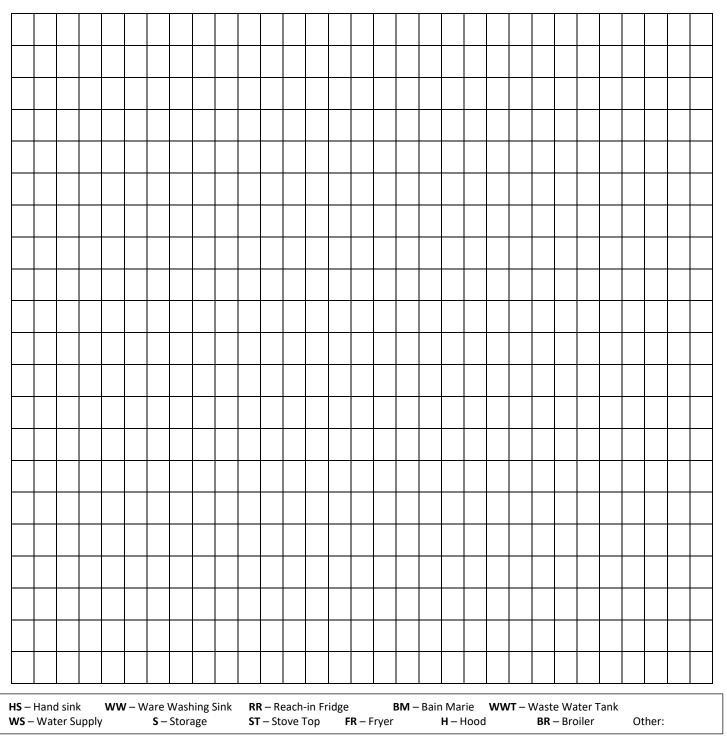
Please Print Name:\_\_\_\_\_

\*\*For guidance on mobile vending requirements, see Mobile Food Establishment Plan Review/Preoperational Checklist attached to end of this application\*\*

Office Use Only:
Date paid: Check Number: Cash: Credit Card: Receipt #:
Classification: CFPM Approved:  Q Yes  Q No  Q N/a
Final Approval:          (Director of Health or Authorized Agent)       Date License Issued:



#### Floor plan of vending unit using the key at the bottom of the graph paper or alternate plans





## Mobile Food Establishment Plan Review/Preoperational Checklist

Training (All documents shall be kept on site at establishment and accessible for all inspections) (Class II-IV)

□ Certified Food Protection Manager (2-103.12A)

## Form-The following Forms can be found on LLHD.org under the Forms Tab

- □ Employee training records
- $\hfill\square$  Signed designated alternate form
- □ Cleaning Schedule
- □ Guide 1-B Reporting of Ill Food Workers (2-201.11C)
- □ Procedures for Cleanup of Vomiting and Diarrhea (2-501.11)
- □ Consumer Advisory Memo (3-603.11)

## Hand Washing

□ Hot (85°F) and cold running water, under pressure in all food preparation, dispensing and ware washing (5-202.12A)

- □ Waste receptacles available at all hand sinks (6-301.13)
- □ Shall have hand cleaning materials (6-301.13)
- Hand drying provision Type: Paper towels, Air Blower, Air Blade (6-301.12)
- □ Handwashing Signage (6-301.14)

## **Food Protection**

 $\Box$  Conveniently located refrigeration facilities equipped with air thermometers reading 37°-39°F, located in the front of the unit (4-204-112A,B,D)

- □ Splash guards where appropriate (on hand sinks next to food prep areas or on food prep sinks (3-306.11)
- Adequate racks provided to store food at least 6" off the floor, made of appropriate materials (3-305.11)

## **Dishwashing Facilities**

□ Manual warewashing solution temperature minimum 110°F (4-501.19)

□ Ware washing sinks shall have adequate drain boards or dish tables for proper handling of soiled utensils prior to washing and for air drying cleaned utensils following rinsing or sanitizing (4-501.13) (4-501.14)

□ Appropriate dishwashing facilities, detergent, sanitizers and test strips to verify said sanitizers (4-501.114 A,B,C) (4-302.14)

## **Toxic Materials**

Cleaning materials and toxic items shall be stored away from food prep and storage areas (7-201.11)

## **Equipment and Utensils**

- □ All food-contact surfaces shall be corrosive resistant, non-absorbent, and nontoxic (4-202.12A)
- All non-food contact surfaces of equipment shall be smooth, and easily cleanable (4-202.12A)
- Digital food thermometer available (4-204-11)
- Devices to sanitize said thermometer (alcohol wipes recommended)

#### **Mobile Holding Tanks**

□ Supplied with a potable water source - public water, private well, bottled source (5-101)



- □ Fresh Water holding tanks available (5-301-304)
- $\Box$  A water tank and its inlet and outlet shall be sloped to drain (5-302.15A)
- □ Waste water holding tanks available (5-401-403)
- □ Approved site for disposal of wastewater and grease (5-402.14)

## **Physical Characteristics**

□ Self-contained and protected from the outdoors, screens provided (6-202.15)

□ Floors, Walls, and Ceilings constructed of smooth and durable surface materials are more easily cleaned (6-101.11)

- □ Racks provided to hang mops/brooms (6-501.16)
- □ Lockers / storage area provided for storage of employees' personal items (6-501.110)

#### **Light Intensity**

At least 20 foot candles at a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption; inside equipment such as reach-in and under-counter refrigerators; at a distance of 30 inches above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms (6-303.11)

At least 50 foot candles at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor (6-303.11)

#### **Vermin Control**

□ All openings to the outside shall be protected against rodents/insects- tight fitting screens, controlled air currents, etc. (6-501.11)

#### Other

- □ Submission of Mobile Food Establishment application at least 30 days prior to operation (8-302.11)
- Servicing Area (base kitchen) form submitted (5-402.14)
- □ Pre-operational inspection conducted by Ledge Light Health District (8-203.10)
- □ Payment of License Fee (\$150-year round, \$75-seasonal)

#### FDA Food Code 2022 can be found at: https://www.fda.gov/media/164194/download