Mobile Food Unit Requirements and Plan Review Application

Category III
(Pre-packaged Foods ONLY)

Plan Review fee of $175 due at time of submission.
Mobile Food Unit Requirements

What is a Mobile Food Unit?
As defined in Chapter 10, Food Safety, of the Peoria County Code; a Mobile Food Unit is a vehicle-mounted food establishment designed and operated to be readily movable, e.g., mobile truck moving from location to location continuously. The unit shall not have permanent connections to water, wastewater, or electricity. This term includes trailer-mounted kitchens.

Do all Mobile Food Units have to have a Food Safety License?
Yes. All Food Establishments operating in Peoria County must have a Food Safety License issued by the Peoria City/County Health Department.

What regulations apply to Mobile Food Units?
- Chapter 10, Food Safety, of the Peoria County Code
- Illinois Department of Public Health Food Service Sanitation Code
- Any other applicable local or state ordinances or codes, including City or Township ordinances, Zoning Codes, Plumbing Code, Fire Code, etc.

What types of licenses are available for Mobile Food Units?
There are two types of licenses available for Mobile Food Units:
- **Temporary Event Licenses** – These licenses are valid for up to fourteen consecutive days at the same location in conjunction with an event.
- **Mobile Food Unit License** – This license is available both annually (good from January 1-December 31) or seasonally (good for 8 months per calendar year). This license is valid for all locations within Peoria County. Fees for this license vary depending on the risk level of the establishment.

How is Risk Level determined?
The risk level is determined during the plan review process and is based on menu, population served, and food processing procedures. There are three risk levels — Category I, Category II, and Category III.

What are general requirements for a Mobile Food Unit?
General

- All Mobile Food Units are required to operate in conjunction with a licensed commissary. The Mobile Food Unit must return to the commissary daily for all cleaning and servicing operations including the filling of the water tank and emptying of the wastewater tank. If the licensed commissary is not under the same ownership as the Mobile Food Unit, a Commissary Agreement must be submitted with the plan review application. If the commissary is located outside of Peoria County, a copy of the current food license and most recent inspection report must be submitted.

- A Mobile Food Unit Itinerary and Operating Schedule must be provided and updated as needed.

- Mobile Food Units must have a source of power to operate cooking equipment, pumps, and refrigeration units.

- Only single use articles such as to-go containers, paper plates, and plastic utensils may be provided for use by the consumer.

- All food must be from an approved source.

Continued
Food Equipment and Surfaces

- All surfaces must be non-absorbent, smooth, and easily cleanable.
- Enough refrigeration or freezer units must be available to keep food items at 41 degrees F or less at all times.
- Enough hot holding equipment must be available to maintain hot foods at 135 degrees F or above at all times.
- Walls, floors, and ceilings must meet the Illinois Department of Public Health Food Service Sanitation Code requirements.
- All lighting must be shielded to protect food and surfaces from the possibility of contamination due to broken glass.

Pest Control

- All Mobile Food Units must be completely enclosed.
- Doors and windows must protect against the entrance of pests. Doors must be self-closing. Windows must be screened with a material that is 16-mesh to the inch or finer.
- Food Service windows must also protect against the entrance of pests by means of sliding windows, screening, air curtains, or other means.

Restrooms

- If the Mobile Food Unit does not have an on-board restroom, and will be at one location for two or more hours, alternative restrooms must be found within 200 feet of the location. A Restroom Agreement Form must be submitted for EACH location where the Mobile Food Unit will be located.
How is a Food Safety License obtained for a Mobile Food Unit?

**Step One – Initial Inquiry**
- Contact Environmental Health for a Plan Review Application Packet (light purple) and a copy of the current Peoria County Food Safety Code.

**Step Two – Submit Plans**
*The following items must be submitted before your plans will be evaluated:*
- A completed Plan Review Application (light purple)
- A copy of your proposed menu (use space on page 3).
- Mobile Food Unit itinerary and operating schedule
- Commissary Agreement (if applicable)
- Copies of the Commissary’s current food license and most recent inspection report. (if applicable)
- Restroom Agreement (if applicable)
- Plan Review Fee: $175. Payable by check, cash, money order, or credit or debit card. Service fees will be assessed when using a credit or debit card.

**Step Three – Review Process**
- The plans will be reviewed **ONLY** after all the above required documents and fees have been submitted.
- An incomplete Plan Review Application Packet will be returned. This will delay the approval process.
- All Plan Review Applications and any additional information or revisions will be reviewed in the order in which they are received.
- Please allow up to ten (10) business days to review the plans once all required documents are received.

**Step Four – Approval Process**
- Changes to your plans or additional information may be required prior to plan approval.
- Any changes to the submitted plans must be pre-approved by this department before construction begins.
- You must notify this department for approval should a change be made during construction.

**Step Five – Preliminary Inspection and Final Approval**
- After your plans have been approved and work has begun, contact the Environmental Health Practitioner to schedule a preliminary inspection (optional). A preliminary inspection report will be provided to you at this inspection. Items that require correction will be noted.
- When the Mobile Food Unit is finished and all equipment is in place and operational, a final inspection can be scheduled. All equipment must be on and functioning properly during this inspection. If the establishment meets code and no major corrections are needed, final approval to operate will be given.
- License fees must be paid prior to final approval to operate.
- Please allow at least one week to schedule preliminary or final inspections.
Mobile Food Unit Plan Review Application

The undersigned hereby makes application for a permit to operate a Mobile Food Unit in the County of Peoria.

Mobile Food Unit:

Vehicle Name (DBA): ________________________________________________________________

License Plate Number: ______________________ Main Contact Phone Number: ______________________

Main Contact Person: _________________________________________________________________________________________

Licensee (Owner)

Name: _____________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________

City: _____________________________________________________ State: ________ ZIP Code: ___________________

Phone Number: ______________________ FAX Number: ______________________

E-mail Address: ______________________________________________________________________________________________

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership

☐ Corporation (provide additional information below) ☐ Other __________________________

Corporation Name: ________________________________________________________________________________________

Date of Incorporation: ________________________________ State of Incorporation: _______________________________

Address of Corporate Office: ___________________________________________________________________________________

City: _________________________________________________ State: ________ ZIP Code: ___________________

List Owner, Corporate Officers or General Partners (use additional sheets if necessary):

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Send mailings to: .......................................................... ☐ Commissary ☐ Licensee (Owner)

Will the Mobile Food Unit operate seasonally? (8 months or fewer) ......................... ☐ Yes ☐ No

If YES, please provide the dates of operation: _______________________________________________________________________

Where will the Mobile Food Unit be stored when not in operation? ________________________________
Commissary Information:

Mobile Food Units must operate from a licensed commissary and report at least daily to the commissary for all supplies and for all cleaning and servicing operations.

If the commissary is not located in Peoria County, a copy of the commissary’s Food License and most recent inspection must be submitted with this application.

Commissary Name: ___________________________________________________________________________________________

Address: ___________________________________________________________________________________________________

City: _____________________________________________________  State:  ________  ZIP Code: ___________________

Phone Number: ________________________________________  FAX Number: ______________________________________

E-mail Address: ______________________________________________________________________________________________

☐ The owner of the commissary is the same as the owner of the Mobile Food Unit.

☐ The owner of the commissary is DIFFERENT than the owner of the Mobile Food Unit.

If the owners of the Mobile Food Unit and commissary are not the same, a commissary agreement must be submitted along with a copy of the commissary’s Food License and most recent inspection.

Please list the times that the Mobile Food Unit will be at the commissary:

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Please mark the activities that will take place at the commissary:

- Dish or equipment washing ........................................... ☐ Yes ........ ☐ No
- Dumping wastewater .................................................. ☐ Yes ........ ☐ No
- Receiving potable water ............................................. ☐ Yes ........ ☐ No
- Washing the outside of the vehicle ............................... ☐ Yes ........ ☐ No
- Storing food (including ice and/or drinks) ..................... ☐ Yes ........ ☐ No
- Storing dry goods ..................................................... ☐ Yes ........ ☐ No
- Preparation of food .................................................. ☐ Yes ........ ☐ No
- Cooking and/or reheating of food ................................. ☐ Yes ........ ☐ No
- Cooling of food ....................................................... ☐ Yes ........ ☐ No
- Throwing away of garbage .......................................... ☐ Yes ........ ☐ No

Is the water supply of the commissary:

☐ Public  Name of District (as shown on bill) ________________________________

☐ Well    NCPWS# ________________________________________________

Is the sewage disposal of the commissary:

☐ Public  Name of District (as shown on bill) ________________________________

☐ Septic System
### I. General

- **Projected opening date**: 
- **Number of staff (maximum per shift)**: 
- **Total square feet of Mobile Food Unit**: 
- **What is the power source of the Mobile Food Unit?**: 
- **Is the Mobile Food Unit a**:  
  - [ ] Truck  
  - [ ] Trailer  
  - [ ] Other: 

### II. Food

- **Are all food supplies from inspected and approved sources?**: [ ] Yes [ ] No
- **Will all food for sale be pre-packaged?**: [ ] Yes [ ] No
- **Is the food**:  
  - [ ] Commercially Pre-Packaged  
  - [ ] Packaged for sale at the Commissary (if packaged for sale at the commissary, please provide copies of all labels used)

**List all food items for sale:**

- 
- 
- 

**Storage/Hot and Cold Holding:**

- **Is adequate and approved freezer and refrigeration available to store frozen foods, frozen and refrigerated foods at 41°F and below?**: [ ] Yes [ ] No [ ] N/A
- **Does each refrigerator have a thermometer?**: [ ] Yes [ ] No [ ] N/A
- **Number of refrigeration units**: 
- **Number of freezer units**: 

**Will dry goods and single use items be stored at least 6 inches off the floor?**: [ ] Yes [ ] No [ ] N/A
III. Structure

Floors, Walls, and Ceilings:
Are all floors constructed of a smooth, durable, easily cleanable material? .......................................................... □ Yes ........ □ No
Are all walls and ceilings light-colored, smooth, non-absorbent, and easily cleanable? .................................................. □ Yes ........ □ No
Is there adequate lighting? ............................................................................................................................................... □ Yes ........ □ No

Equipment:
Are all food contact surfaces smooth, easily cleanable, and non-absorbent? ............................................................... □ Yes ........ □ No
Is all non-portable equipment that is placed on tables or counters either sealed to the table or counter or elevated on legs 4 inches off the table or counter? .................................................................................. □ Yes ........ □ No
Is all floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on legs to provide a 6 inch clearance? .................................................................................................................. □ Yes ........ □ No

Restrooms:
Is a restroom available on the Mobile Food Unit? ........................................................................................................... □ Yes ........ □ No

If YES, Please complete the attached “Restroom Information” page.
If NO restroom is available on the mobile unit,
Will the Mobile Food Unit be at the same location for more than 2 hours before returning to the commissary?* .... □ Yes ........ □ No

*If the Mobile Food Unit will be at the same location for more than 2 hours, a Mobile Food Unit Restroom Agreement must be signed for EACH location where the Mobile Food Unit will be operating.

Pest Control:
How will the service window be protected from pests?
□ #16 mesh screening  □ Air curtain  □ Solid sliding window  □ Other ____________________________

Sanitizing: (PPM = parts per million)
How will food contact surfaces, such as the interior of refrigerators, freezers, and equipment, be sanitized (list the concentration)? □ Chlorine ______ PPM □ Quat ______ PPM □ Other ____________________________, ______ PPM
Will test strips be provided to measure the concentration strength? ...................................................................................... □ Yes ........ □ No

By signing, I certify that the above information is correct and I fully understand the following:
• The plan review expires one year from the date of approval. If construction or remodeling is not started within that time period, it may be necessary to resubmit for a new review of the plans.
• Any changes or alterations to plans must have prior approval by the Peoria City/County Health Department.
• Approval of these plans by the Peoria City/County Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.
• A final inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Illinois Department of Public Health Food Service Sanitation Code, before operations can begin.

Owner Signature ___________________________ Date ___________________________
Mobile Food Unit Itinerary and Operating Schedule

☐ I plan on operating at one location.

Location Address: _________________________________________________________________

☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate times (and dates and/or days if applicable) you will be at each location. Attach additional sheets if necessary.

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If your operating location(s) or route changes, an updated Itinerary and Restroom Agreements for each location must be submitted to the Peoria City/County Health Department.
Mobile Food Unit Restroom Agreement

A Mobile Food Unit, which does not have on-board restrooms and is parked at the same location for two (2) or more hours, MUST have restroom facilities within 200 feet of the Mobile Food Unit. The restroom must be available during all hours of operation, including set up times. Restroom access may be public restrooms or an agreement with a private business owner.

Failure to have restroom access may result in the closure of the Mobile Food Unit.

This agreement must be submitted for EACH location listed on the Mobile Food Unit Itinerary and Operating Schedule.

Mobile Food Unit Name (DBA): _______________________________________________________________________

Mobile Food Unit Site Location: _______________________________________________________________________

Street Address City

Mobile Food Unit Hours and Days (at above location):
__________________________________________________________________________________________________

Signature of Mobile Food Unit Owner: ________________________________________________________________

Restroom Facility Location

Business Name: _____________________________________________________________________________________

Physical Address: ___________________________________________________________________________________

Street Address City

Business Phone Number: ____________________________  Business Hours/Days: ___________________________

Approximate distance from the Mobile Food Unit to the restroom (in feet): ______________________________________

Authorization to Use Restroom Facilities:

(Not needed for Public Restrooms)

__________________________________________________________________________________________________

(Printed Name of Person Authorizing Mobile Food Unit to Utilize Restroom Facilities)

__________________________________________________________________________________________________

(Signature of Person Authorizing Mobile Food Unit to Utilize Restroom Facilities)  Date
Restroom Information

Fill out this page only if a restroom is available on the mobile unit.

Restrooms:

Does the restroom have a hand sink with hot and cold running water, soap, and paper towels? ☐ Yes ☐ No

Is the restroom door self-closing? ☐ Yes ☐ No

Is the restroom equipped with mechanical ventilation? ☐ Yes ☐ No

Water Supply:

Where will water for the Mobile Food Unit be obtained? _______________________________________________________________

What type of hose is used to fill the water storage tank? _______________________________________________________________

What is the size of the water storage tank? _________________________________________________________________________

Will the water inlet be capped at all times except while being filled? ☐ Yes ☐ No

Sewage Disposal:

Where will waste water from the Mobile Food Unit be disposed? _______________________________________________________

How will waste water from the Mobile Food Unit be disposed? _________________________________________________________

What is the size of the waste water storage tank? _________________________________________________________________________

Is the waste water storage tank drainage connection located lower than the water inlet connection? ☐ Yes ☐ No
Commissary Agreement

This agreement shall be used when the owner of a Mobile Food Unit is not the same as the owner of the licensed commissary.

If the licensed commissary is not in Peoria County, a copy of the Food License and a copy of the most recent inspection must be submitted with this agreement.

The Licensed Food Service Establishment known as ______________________________________ located at ______________________________________________________________ hereby agrees to provide access for usage as a commissary to ___________________________________ to operate a Mobile Food Unit known as ___________________________________. The licensee of the commissary is responsible for all food service operations conducted on the commissary premises.

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The agreement between the above-mentioned two parties is valid for license year ___________ and may be renewed in writing after that date. This agreement expires December 31st of the year issued. However, in the event this agreement is terminated, the Licensed Food Service Establishment and the Mobile Food Unit Owner agree to notify the Peoria City/County Health Department. All parties also agree that, in the event of the termination of this agreement, all mobile food service operations must immediately discontinue until the Mobile Food Unit Owner secures the services of an approved commissary and provides another Commissary Agreement to the Peoria City/County Health Department. This agreement terminates if the Food Service Establishment does not have a current license to operate.

__________________________________________   ____________________________
Signature of Owner or Food Service Establishment Owner Date

__________________________________________   ____________________________
Signature of Mobile Food Unit Operator Date