



**Oklahoma City - County Health Department**  
Food Safety & Environmental Health  
2400 NW 36th Street  
Oklahoma City, OK 73112  
Telephone: (405) 425-4400  
www.occhd.org

## PLAN REVIEW APPLICATION FOR A MOBILE FOOD ESTABLISHMENT

Proposed Establishment Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICANT INFORMATION:** [owner's name, LLC, Inc., DBA, etc.]

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: (Option) \_\_\_\_\_ Phone#: \_\_\_\_\_

**CONTACT INFORMATION (IF DIFFERENT from the permit holder):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: (Option) \_\_\_\_\_ Phone#: \_\_\_\_\_

**TYPE OF MOBILE:**

MOBILE

\*INDOOR PUSHCART

\*OUTDOOR PUSHCART

\*HOT DOG CART

\*Subject to commissary requirement (commissary location address): \_\_\_\_\_

I hereby certify that the statements in this application are true and correct.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

A copy of this application must be submitted with a

**Fee of \$425.00** made payable to the

**Oklahoma City-County Health Department (OCCHD).**

All facilities must be inspected and licensed prior to operation.

Completion and submission of this form does not constitute  
authorization to open a food service establishment.

**This fee is NON-REFUNDABLE!**

**DO NOT SEND CASH! SEND CHECK OR MONEY ORDER ONLY!**

**Mail payment to: OCCHD 2400 NW 36th St  
Oklahoma City, OK 73112**

**OCCHD USE ONLY**

Cash  
Check  
Money Order  
Online

Date Received:

\_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

Approval of the plans and specifications by the Health Department does not indicate compliance with any other federal, state or local code, law or regulation that may be required. It further does not constitute endorsement or Necessary to determine if it complies with the laws governing food service establishments. All application fees must be paid in full before a license to operate will be issued.

Projected Date for Start of Project: \_\_\_\_\_ Projected Date for Completion of Project: \_\_\_\_\_

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**Complete each blank or mark N/A where applicable**

Incomplete applications will **NOT** be reviewed. Information must be entered on application (**no attachments**)

**Food Preparation and Storage**

How often will the following items be delivered or purchased:

Dry goods \_\_\_\_\_ Refrigerated food \_\_\_\_\_ Frozen food \_\_\_\_\_

Describe where food will come from (listing all suppliers) \_\_\_\_\_  
\_\_\_\_\_

Where will the dry goods be stored (be specific with area/space) \_\_\_\_\_  
\_\_\_\_\_

Where will the food be prepared (be specific with area/space) \_\_\_\_\_  
\_\_\_\_\_

Will raw and ready to eat food share the same refrigeration units? \_\_\_\_\_

IF "Yes" describe details the method to prevent cross-contamination  
\_\_\_\_\_

Will any food on the menu be cooked and cooled before service? \_\_\_\_\_

If "Yes" describe where the food will be cooked and the cooling method (be specific)  
\_\_\_\_\_

How will hot Time/Temperature Control for Safety Food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.  
\_\_\_\_\_

How will cold Time/Temperature Control for Safety Food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.  
\_\_\_\_\_

How and where will Time/Temperature Control for Safety Food that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.  
\_\_\_\_\_  
\_\_\_\_\_

**Opening area**

What are the dimensions of the service window opening ?(width) \_\_\_\_\_ (length) \_\_\_\_\_

Will screens be provided on all entrances left open to the outside? \_\_\_\_\_

Will all windows that open have a minimum #16 mesh screening? \_\_\_\_\_

Will electrical insect control devices be used? [Air curtain] \_\_\_\_\_

**Water /Sewage/Plumbing**

Is the water source public or private \_\_\_\_\_

Is the sewage disposal public or private \_\_\_\_\_

Capacity the fresh water tank (gallons) \_\_\_\_\_

Capacity of waste water tank (gallons) \_\_\_\_\_

Capacity of the water heater (gallons) \_\_\_\_\_

If it is a tankless water heater be used, provide gallons per minute? \_\_\_\_\_

**Cleaning /Preparation/Storage:**

1. Dimensions of the each compartment of the 3-compartment sink: (Length)\_\_\_\_X(Width)\_\_\_\_X(Depth)\_\_\_\_
2. Will the largest pot and pan fit into each compartment of the 3-compartment sink? \_\_\_\_\_
3. What type of Chemical sanitizer will be used? \_\_\_\_\_
4. Describe storage area for employees' personal belongings ( i.e., purse, coats, boots, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. Identify the location for the storage of the cleaning chemicals \_\_\_\_\_  
\_\_\_\_\_
8. Identify location of clean and dirty linen storage: \_\_\_\_\_
10. Indicate all areas where an exhaust hood(s) will be installed: \_\_\_\_\_  
\_\_\_\_\_

**Required documents:**

- 1) Proposed Menu or complete list of food and beverages to be offered
- 2) Plan showing location of equipment, plumbing, electrical and mechanical services (Plan should be drawn to scale or show dimensions)

The drawing plans must be on **8 1/2 inch by 11 inch paper**.

The plans should include the following items:

- A floor plan that indicates the location of all sinks and equipment. The sinks and equipment must be clearly labeled, marked or identified. Elevation drawings may be requested.
- Other information that may be required for the proper review of the proposed construction, conversion or modification.
- Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevations may be necessary for equipment and storage (ie. height of storage from floor).

- 3) Manufacturer specification sheets for each piece of equipment to be used in the establishment. (This includes custom fabricated equipment)

**PLANS WILL NOT BE REVIEWED IF:  
ANY OF THE REQUIRED DOCUMENTS ARE NOT SUBMITTED  
OR THE APPLICATION IS INCOMPLETE.**

I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_