



Oklahoma City-County Health Department
Food Safety and Environmental Health
2400 NW 36
Oklahoma City, OK 73112
 Telephone: (405) 425-4327
 Email: planreview@occhd.org
 Website: occhd.org

PLAN REVIEW APPLICATION FOR A MOBILE FOOD ESTABLISHMENT

Establishment Name: _____

Address*: _____ City: _____ Zip Code: _____
*Where the mobile will be serviced

APPLICANT INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone#: _____

CONTACT INFORMATION (if different from applicant):

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone#: _____

TYPE OF MOBILE:

MOBILE RETAIL MOBILE OUTDOOR PUSHCART* INDOOR PUSHCART*

*Subject to commissary requirement - address of commissary _____

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

Applicant Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

<p>A copy of this application must be submitted with a Fee of \$425.00 made payable to the Oklahoma City-County Health Department (OCCHD)</p> <p>This fee is NON-REFUNDABLE!</p> <p>DO NOT SEND CASH! SEND CHECK OR MONEY ORDER ONLY TO: 2400 NW 36th Street Oklahoma City, OK 73112 Or pay the fee online at: occhd.org/payment</p> <p>All facilities must be inspected and licensed prior to operation. <u>Completion and submission of this form does not constitute authorization to open a food establishment.</u></p>	<p>OCCHD USE ONLY</p> <p>___ Cash ___ Check ___ Money Order ___ Online</p> <p>Date Received: ___ / ___ / ___</p> <p>By: _____</p>
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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 acceptance of the completed establishment (structure or equipment). An inspection of the establishment will be 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: _____

Complete each blank or mark N/A where applicable

Outer Openings

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

Will #16 mesh screens be provided on the service window(s) and entrances left open? _____

Will air curtains be provided on the service window(s) and entrances left open? _____

Will electrical insect control devices be used? _____

Plumbing

Address where will fresh water be obtained: _____

Address where the wastewater will be disposed: _____

Capacity of the fresh water tank in gallons: _____

Capacity of the wastewater tank in gallons: _____

For a tankless water heater provide the gallons per minute: _____

Will the water heater/tankless water heater provide enough hot water to meet peak demands? _____

Dishwashing

Dimensions of each compartment of the three (3) compartment sink: Length ____ Width ____ Depth ____

Will each compartment of the three (3) compartment sink be large enough to accommodate immersion of the largest piece of equipment and utensils? ____

Finish Schedule

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) and color will be used:

On the floor: _____

On the walls: _____

On the ceiling: _____

Equipment

Will all equipment that is used to meet or maintain food temperatures be **commercial** or "commercial grade"? ____

Will all equipment and utensils be designed and constructed to be durable? ____

Will the sinks be made of equipment and materials intended to be used for warewashing? ____

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

Signature: _____ Printed Name: _____

Title: _____ Date: _____



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Instructions for Mobile Plan Review Application and Fee Submission

The plan review application, plan review fee and mobile plans must be submitted to the health department before construction or work on the mobile is started.

Required submittal documents:

1. Signed Mobile plan review application

2. Floor Plan

- ❖ The floor plans must be on a **minimum** of 8 1/2 inch by 11 inch paper.
- ❖ The floor plan must indicate the location of all plumbing fixtures and food service equipment.
- ❖ All plumbing and equipment must be clearly labeled, marked or identified.
- ❖ The floor plan must show the water and waste connection to each fixture.
- ❖ Elevation drawings may be requested.

3. Sinks and Equipment

- Provide the make and model number for the sinks and each piece of equipment.
- Submit the manufacturer specification sheets for each piece of equipment. (Photos of each with the manufacturers data plate may meet this requirement)

APPROVAL OF THE PLANS WILL BE DELAYED IF ANY OF THE REQUIRED DOCUMENTS ARE NOT SUBMITTED OR THE APPLICATION IS INCOMPLETE.