



CLARK COUNTY PUBLIC HEALTH
1601 E. Fourth Plain Blvd. • P.O. Box 9825
Vancouver, WA 98666-8825
(360) 397-8428 • eph@clark.wa.gov • www.clark.wa.gov

MOBILE FOOD UNIT PLAN REVIEW AND PERMITTING GUIDE

Preparing to open a new or remodeled Mobile Food Unit requires careful planning. Part of this process includes the approval of those plans by Clark County Public Health (CCPH) before the unit is built or modified. CCPH is one of several permitting agencies from which a permit is needed before operating.

This guide includes:

- A checklist of what must be included in your plan review submittal to CCPH.
- Compliance requirements and restrictions for Mobile Food Units.
- Each of the necessary forms that must be completed and submitted to CCPH for review and approval. Only completed applications will be accepted.
- CCPH Mobile Food Units Requirements at a Glance.
- Fee schedule.

The Plan Review Application Process

The plan review process requires completion of the application materials. These materials must be submitted to CCPH for review and approval (see contact information above). Approval may be delayed if the application materials are not complete or changes to the materials are needed.

The completed plan review application materials* must include:

1. Mobile Food Unit Plan Review. Application Cover Sheet. (Appendix A)
2. Plan Review Application Form. (Appendix B)
3. Food Service Permit Application Form. (Appendix C)
4. A copy of the proposed menu.
5. Operation and Illness Prevention Plan Questionnaire. (Appendix D)
6. Commissary Agreement Form (if required). (Appendix E)
7. Mobile Food Unit Site or Route Location Form. (Appendix F)
8. Use of Restroom Agreement. (Appendix G)
9. A set of the Mobile Food Unit floor plans. (Example Provided)
10. Payment of the appropriate plan review fee. Additional hourly fees may be applied dependent on circumstances.

*All the materials for this application can be found at <http://www.clark.wa.gov/public-health/food/index.html>

After you turn in your plan review application materials, CCPH will review them as follows:

1. CCPH will look through the materials to make sure that they are complete.
2. If the plan review application is complete, it will be examined carefully by a plan reviewer. Application materials are reviewed on a first-come first-served basis. With a complete application, this process may take up to 10 business days. More time may be required if corrections are needed.
3. **If plans are not approved**, the reviewer will notify the applicant of the necessary changes. The corrections must be submitted for review.
4. Upon approval, a letter will be mailed. An electronic copy can be emailed upon request.

In addition to the CCPH plan review and permitting requirements, you may need other approvals or permits before opening for business. Contact the appropriate jurisdiction. Examples of additional permits that may be required include:

1. City or Clark County food vending licenses.
2. Washington State Department of Labor and Industries (L & I) requires a sticker for occupied vehicles.
3. Business licenses are required (state and local jurisdiction).



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Appendix A MOBILE FOOD UNIT PLAN REVIEW APPLICATION COVER SHEET *REQUIRED*

Please place this cover sheet on top of the plans. All of the following information must be submitted in the following order. **Incomplete plans will not be accepted until all required information is received.** Only completed plans will be processed and reviewed.

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____
SITE ADDRESS _____ CITY _____ STATE <u>WA</u> ZIP _____
SITE PHONE NUMBER _____ ESTIMATED OPENING DATE _____

Please Check if Item included	Item	Information Required	CCPH Notes
<input type="checkbox"/>	Plan Review Application Form	-Application must be complete (Appendix B)	
<input type="checkbox"/>	Food Service Permit Application Form	-Application must be complete (Appendix C)	
<input type="checkbox"/>	Detailed Menu	-Provide a menu of all food and drink items to be prepared and served including happy hours, breakfast, lunch and dinner (if separated on different menus)	
<input type="checkbox"/>	Operation and Illness Prevention Plan Questionnaire	-Completely fill out questionnaire. (Appendix D) *Answers left blank may be returned for additional information.	
<input type="checkbox"/>	Commissary Information (If required)	-Commissary Agreement Form (Appendix E) -Drawing of commissary floor plan Note: The menu and food preparation will be limited without a commissary.	
<input type="checkbox"/>	Site/Route Information	-Mobile Food Unit Site or Route Information Form (Appendix F)	
<input type="checkbox"/>	Restroom Agreement	-A Use of Restroom Agreement filled out for each location where you will be parked for over one hour (Appendix G)	
<input type="checkbox"/>	Mobile Food Unit Design	-Detailed drawings of Mobile Food Unit with dimensions included -Photos of Mobile Food Unit (recommended)	
<input type="checkbox"/>	Plan Review Payment	-Submitted to CCPH Customer Service.	



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Appendix B PLAN REVIEW APPLICATION FORM

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE _____ WA _____ ZIP _____

SITE PHONE NUMBER _____ ESTIMATED OPENING DATE _____

BUSINESS NAME OF OWNER OR CORPORATION NAME _____

BUSINESS OWNERSHIP STATUS: Sole Proprietor Partnership Corporation LLC

LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.

OWNER NAME _____ OWNER NAME _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS FAX _____ BUSINESS EMAIL _____

IS THIS A CHANGE OF OWNERSHIP? NO YES

IF YES, date of change: _____ **IF YES, previous name of the restaurant?** _____

IS THIS: New construction or conversion of an existing building to a restaurant
 An existing restaurant/kitchen remodel

Construction company contact person _____ PHONE _____

BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

WATER: Amboy (CPU) Battle Ground CPU Camas Vancouver Washougal Yacolt (CPU)
 Small Public Water Supply Name _____ ID# _____ Other _____

SEWAGE: Public sewer On-site septic system. **Date of last septic system inspection or pumping:** _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment planned.

<input type="checkbox"/> Restaurant	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Annual Itinerant/Farmer's Market	<input type="checkbox"/> Bakery (only)	<input type="checkbox"/> Grocery/Convenience Store
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Head Start	<input type="checkbox"/> Public Kitchen/Grange	<input type="checkbox"/> Meat/Fish Market (only)	<input type="checkbox"/> with Deli
<input type="checkbox"/> Concession	<input type="checkbox"/> Mobile Truck	<input type="checkbox"/> Espresso Cart/Stand	<input type="checkbox"/> Caterer	<input type="checkbox"/> with Bakery
				<input type="checkbox"/> with Meat Market

COMMISSARY LOCATION (For Annual Itinerant, Mobile Food Unit or Caterer) _____ ID # _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE	DATE
------------------------------	-------------

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____



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Appendix C FOOD SERVICE PERMIT APPLICATION FORM

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT

FOOD ESTABLISHMENT INFORMATION:

NAME OF FOOD ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE _____ WA ZIP _____

SITE PHONE _____ FAX NUMBER _____

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS: YES NO SITE E-MAIL ADDRESS _____

IF NO, LOCAL MAILING ADDRESS _____ CITY _____ STATE _____ WA ZIP _____

OWNER INFORMATION:

BUSINESS NAME or CORPORATION NAME _____

OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME _____ OWNER NAME _____

OWNER HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS: YES NO OWNER E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING INFORMATION:

NAME _____ CARE OF _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE

(For restaurants and taverns only)

Check one: A. 0- \$250,000 B. \$250,000 - \$500,000 C. \$500,000 - \$750,000 D. \$750,000 - \$1,000,000 E. \$1,000,000 and over

IS THIS A CHANGE IN OWNERSHIP? NO YES

If YES, date of change: _____ Previous establishment's name: _____

WATER: Amboy (CPU) Battle Ground CPU Camas Vancouver Washougal Yacolt (CPU)
 Small Public Water Supply Name _____ ID# _____ Other _____

SEWAGE: Public Sewer On-site septic system. Last inspection date: _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:

- | | | | | |
|-------------------------------------|-------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Public Kitchen | <input type="checkbox"/> Bakery | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Annual Itinerant/Farmer's Market ** | <input type="checkbox"/> Meat/Fish Market | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Seasonal** | <input type="checkbox"/> Mobile Unit** | <input type="checkbox"/> Espresso Cart/Stand** | <input type="checkbox"/> Caterer** | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

****CURRENT COMMISSARY AGREEMENT FORM MAY BE REQUIRED FOR PERMIT**

APPLICANT'S SIGNATURE _____ **DATE** _____

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.

DATE PAID: _____	FOR OFFICIAL USE ONLY	INV _____	OW _____	EHA: _____
AMT RCVD: \$ _____		AR _____	FA _____	SR _____
				PR _____



Appendix D OPERATION AND ILLNESS PREVENTION PLAN QUESTIONNAIRE

***Use additional paper as necessary**

1. **ILL WORKER POLICY:** Food employees known to have gastrointestinal infection (diarrhea, vomiting, or jaundice), disease agents capable of transmission through food (Salmonella, Shigella, E. Coli, or Hepatitis A), or lesions that appear inflamed or contain pus and are not adequately covered must be restricted from working in or around any place where unwrapped or unpackaged foods are prepared, sold, or offered for sale. The person in charge must notify CCPH about any food employee known to have jaundice, Salmonella, Shigella, Shiga toxin-producing E. Coli or Hepatitis A.

How will you enforce your ill worker policy?

2. **FOOD AND BEVERAGE WORKER CARDS:** All food and beverage service workers must hold a valid Washington State food and beverage card. The cards must be available during inspections by the regulatory authority. **If an employee begins work before obtaining a food and beverage worker card, the employer is required to provide and document food safety training to the employee prior to commencement of employment.** Food worker testing is available on-line at www.foodworkercard.wa.gov

How will you monitor your employee Food Worker Cards to ensure they are current?

3. **BARE-HAND CONTACT WITH READY-TO-EAT FOODS:** Food workers may not contact exposed ready-to-eat foods with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. Hand washing is required prior to wearing gloves and between glove changes.

How will you prevent bare-hand contact with ready-to-eat foods?

4. **COMMISSARY OR SERVICING AREA.** A commissary is an approved food establishment where food is stored, prepared, put into portions or packaged to be served somewhere else. A commissary may be required based on the complexity of the menu. Food preparation may be limited even with the use of a commissary.

Will you be using a commissary? NO YES

5. **PLUMBING.** Plumbing must be sized, installed and maintained in accordance with applicable state and local plumbing codes. Provide indirect drains from the ice machine, food preparation sinks, beverage ice sinks, dipper wells and mechanical dishwashers into a floor sink or similar device. Provide a properly vented dual check valve device or an approved reduced pressure back flow assembly between copper pipe or tubing and carbonated beverage dispensing machines.

Circle each item that will be indirectly drained. Cross out items that are not applicable to your food service establishment.

three compartment sink

food preparation sinks

beverage ice sinks

ice machine

mechanical dishwashers

other _____



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6. **WATER SUPPLY.** Drinking water must be obtained from an approved public water system. Water used in food establishments must meet drinking water quality standards in accordance with chapters 246-290 and 246-291 WAC, except as specified under 05120. **POTABLE WATER TANK:** On the Mobile Food Unit, the capacity of the water system shall be sufficient to furnish enough hot and cold water for hand washing and utensil washing as required. A potable water refill area must have an approved food-grade water hose that is retractable and does not allow contact with the ground. All hose bibs must have a vacuum breaker to prevent back flow.

What is the size of the water tank? _____

What is the source of your water?

- Amboy (CPU) Battle Ground CPU Camas Vancouver Washougal Yacolt (CPU)
- Small Public Water Supply Name _____ ID# _____ Other _____

How will you fill your water tank?

How will you store your food grade water hose?

How will you clean and sanitize the water tank?

7. **WASTEWATER.** On the Mobile Food Unit all liquid wastes including gray water, mop water, and ice melt, must be stored in a sealed wastewater retention tank with at least 15% more capacity than the potable water tank. The wastewater must be disposed of by using an approved sewage disposal system that is sized, constructed, maintained and operated according to law.

What is the size of the wastewater tank? _____

How will you empty your wastewater tank?

Location of wastewater disposal site: _____

Address: _____ **City:** _____ **Phone Number:** _____

-OR-

Company used for hauling wastewater: _____

Phone number: _____

8. **HAND WASH SINK.** Provide hand wash sink(s) that is/are accessible, convenient to food preparation, food service and utensil washing areas and **used exclusively for hand washing.** Every hand wash sink must have minimum hot water temperature of 100° F and cold water provided through a mixing faucet. Provide hand soap and single use towels at the sink. A sign is required to identify the sink is for hand washing exclusively. Automatic faucets must have a minimum cycle of 15 seconds.

How will you ensure your hand washing sinks will be accessible and stocked at all times?



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9. **FOOD PREPARATION SINKS.** An indirectly drained food preparation sink is necessary if any products (fruits, vegetables or meats) are washed, thawed or cooled. At a minimum, a one-compartment food preparation sink with an attached drain board is required. If more than one type of product is processed, multiple sink compartments may be required. **A food preparation sink may not be used for hand washing or utensil washing.**

Do you have a food preparation sink? NO YES

If yes, how will your sink be used?

10. **SPLASH GUARDS.** If splash or cross contamination could occur, 12" splash guards will be required to prevent contamination for any hand sink, food prep sink, clean dish drain/drying area, etc. from any source of possible contamination.

Are there any areas that will require a splashguard? NO YES

11. **WARE WASHING FACILITIES.** A three-compartment sink with a drain board is required whether or not a mechanical dishwasher is used. All utensils/pots and pans must be able to be fully submerged in each compartment of the utensil-washing sink.

Describe how you will wash, rinse, and sanitize your dishes, utensils, pots, and pans.

Will you be using any equipment that will need to be cleaned in place? NO YES

If yes, describe your process for washing, rinsing, and sanitizing your clean in place equipment.

12. **REFRIGERATION.** Commercial refrigeration must be provided to hold potentially hazardous foods at 41°F or less. Refrigeration must be able to pre-chill, cold hold potentially hazardous foods and allow enough room to separate raw meats from other foods. Home-style equipment or refrigeration units cannot be approved.

List the make and model of the refrigeration and freezer units on the mobile food unit.

What is the power source for the mobile food unit?

Describe how foods will be transported to and from the mobile unit and how hot and/or cold holding temperatures will be maintained during transit?



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14. **THERMOMETERS:** All refrigeration equipment must have a thermometer accurate to $\pm 3^\circ$ F. There must be at least one metal stem thermometer, with a range of at least 0° F to 220° F and accurate to $\pm 2^\circ$ F, to monitor hot and cold food preparation and food holding. A thin-tipped metal stem thermometer is required to check temperatures of thin foods.

Do you have a thin-tipped stem thermometer? NO YES

If no, you will need to obtain one prior to the preopening inspection.

15. **EQUIPMENT AND UTENSILS.** Equipment and utensils must be cleanable, durable, in good repair and conform to current standards.

Will all your equipment be cleanable, durable, in good repair and meet current standards? NO YES

If no, items must be replaced prior to permit approval.

16. **FLOORS, WALLS, CEILINGS, COUNTERTOPS.** The floors, walls, and ceilings and countertops in all food preparation and storage areas, and toilets shall be easily cleanable, water impervious, grease resistant, and durable. Ceiling studs, joists and rafters should not be exposed in food preparation areas, equipment washing and utensil washing areas, toilet rooms, and vestibules.

What are the finishes of the following:

Floors: _____

Walls: _____

Ceilings: _____

Countertops: _____

17. **TOILETS.** All toilet rooms must have automatic door closing devices, mechanical ventilation, and hand washing sink with warm water at least 100 degrees F, single service soap and towel dispensers. There must be toilet facilities for patrons when on-premise seating is offered. Toilets must be accessible during all hours of operation and within at least 200 feet of the food service establishment.

Do you have a restroom access which meets these requirements? NO YES

18. **LIGHTING.** All light fixtures must have light covers, sleeves and end caps or have shatterproof light bulbs.

Are your light fixtures protected? NO YES

19. **VENTILATION:** Provide ventilation system design, installation, and maintenance in accordance with state and local mechanical and fire codes. Contact appropriate jurisdiction for requirements.

20. **LOCKERS.** Provide lockers or shelves for employees to store clothing and personal belongings.

Where will employees be able to keep personal belongings including coats, purses, food and beverages.

21. **GARBAGE STORAGE.** Garbage containers must be covered watertight, and vermin proof. Garbage pickup must be frequent enough to prevent overflows and nuisances. Provide garbage storage on a concrete or asphalt pad.

What is your process for garbage storage?



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22. **SMOKING SIGNS.** Signs prohibiting smoking must be posted in prominent locations. RCW 70.160 and local county ordinance state that it is the owner's, lessee's, or person-in-charge's responsibility to prohibit smoking within 25 feet of entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited (e.g. work areas, restrooms, break rooms and other common areas).

Are you prepared to monitor smoking within 25 feet of your mobile food unit? NO YES

23. **BUSINESS NAME.** The permit holder must ensure the business name is easily visible on the mobile unit. The permit to operate must be displayed in view of the public.

Do you have a location to display your permit? NO YES

How will your business name displayed on the mobile unit?



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Appendix E COMMISSARY* AGREEMENT (Annual Renewal Submitted to CCPH)

Name of Commissary Facility	
Commissary Facility Address	City/Zip
Commissary Owner Signature	Day Phone Number
Printed Name	Date

The above facility hereby agrees to provide access and use of their food service facility as a commissary to the owner and employee(s) of:

Name of Business Using Commissary	
Owner Signature	Day Phone Number
Printed Name	Date

Food safety inspections of commissary activities are required. Indicate applicable day and time of use:

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____
 Sunday _____

Use of the above commissary may be required for food preparation and storage, warewashing activities, potable water supply, wastewater disposal and/or mobile unit servicing needs, as specified in the plan review process.

Indicate which of these will be used at the commissary:

<input type="checkbox"/> 3 Compartment Sink	<input type="checkbox"/> Hand Wash Sink	<input type="checkbox"/> Commercial Refrigeration	<input type="checkbox"/> Food Prep Sink
<input type="checkbox"/> Dry Storage Space	<input type="checkbox"/> Freezer Space	<input type="checkbox"/> Restroom Access	<input type="checkbox"/> Ice Machine
<input type="checkbox"/> Cooking Equipment	<input type="checkbox"/> Preparation Table/Equipment	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Trash Disposal
<input type="checkbox"/> Parking for trucks/trailer	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Potable Water	
<input type="checkbox"/> Other: _____			

This agreement is a condition of the operating permit, and is subject to approval by CCPH. The agreement must be renewed annually. Should either party terminate the Commissary Agreement, the permit for the party requiring commissary use is suspended and all food and beverage operations shall cease until the owner/operator of the permit secures the services of an approved kitchen facility and a signed Commissary Agreement provided to and approved by CCPH.

* "Commissary" is defined as an approved Food Establishment where food is stored, prepared, portioned, or packaged for service elsewhere (WAC 246-215-0115).

Environmental Health Specialist	Date
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Appendix F MOBILE FOOD UNIT SITE OR ROUTE LOCATION FORM (Annual Renewal Submitted to CCPH)

The Mobile Food Unit owner/operator must provide Clark County Public Health (CCPH) with contact information which will provide one or more methods of being able to identify the location of operation any day of the week. Methods include: cell phone, email, online web page and/or posted calendar, Facebook or Twitter account.

Please complete this form and submit it with your application packet:

Mobile Food Unit/Vendor Information:

Name of Business: _____ Owner/Operator: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Web Page: _____

Facebook: _____ Twitter: _____

Mobile Site Location Route Plan Mobile: Check box if using a single location

Attach additional pages as needed.

Address including city and zip code	Days	Time	Restroom Agreement
			Yes No

Restroom access for employees is required within 200 feet of the Mobile Food Unit. Mobiles at a permanent location OR with route stops of more than one hour are required to have a signed Restroom Agreement on the Mobile Food Unit for review at time of inspection. (See Appendix G).

Owner/Operator Printed Name & Title	Signature	Date

Environmental Health Specialist	Date



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Appendix G USE OF RESTROOM AGREEMENT (Annual Renewal Submitted to CCPH)

All Mobile Food Units must provide restroom facilities for employees if the Mobile Food Unit will be at a single location for more than one hour. Restrooms must also be provided for customers if seating is provided. This form shall be completed if you will be using restroom facilities that are owned by someone else. **NOTE:** If the Mobile Food Unit will be at multiple locations for more than one hour, a Use of Restroom Agreement must be filled out for each location.

The following criteria are required for a restroom to be approved for use of the Mobile Food Unit:

- The restroom is readily available within two hundred (200) feet of the Mobile Food Unit
- There is continuously running hot water at hand-wash sink(s) at or above 100°F
- Hand soap is stocked
- Disposable hand towels or other acceptable hand drying device is provided
- There is a clearly visible sign or poster notifying food employees to “wash their hands”
- Key accessibility to restroom is provided (if applicable)
- A copy of the Use of Restroom Agreement is posted in the Mobile Food Unit.

Restroom Accessibility Information: Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Business Hours of Operation: _____

What retail/service activity takes place at this facility? _____

Mobile Unit/Food Vendor Information: Name of Business: _____

Address: _____ City: _____ Zip: _____

Owner/Operator: _____ Title: _____

Phone: _____ Email: _____

Days/Time at Restroom: _____

 (Restroom Owner/Agent – Printed Name & Title)

 (Mobile/Vendor – Printed Name & Title)

 (Restroom Owner/Agent – Signature & Date)

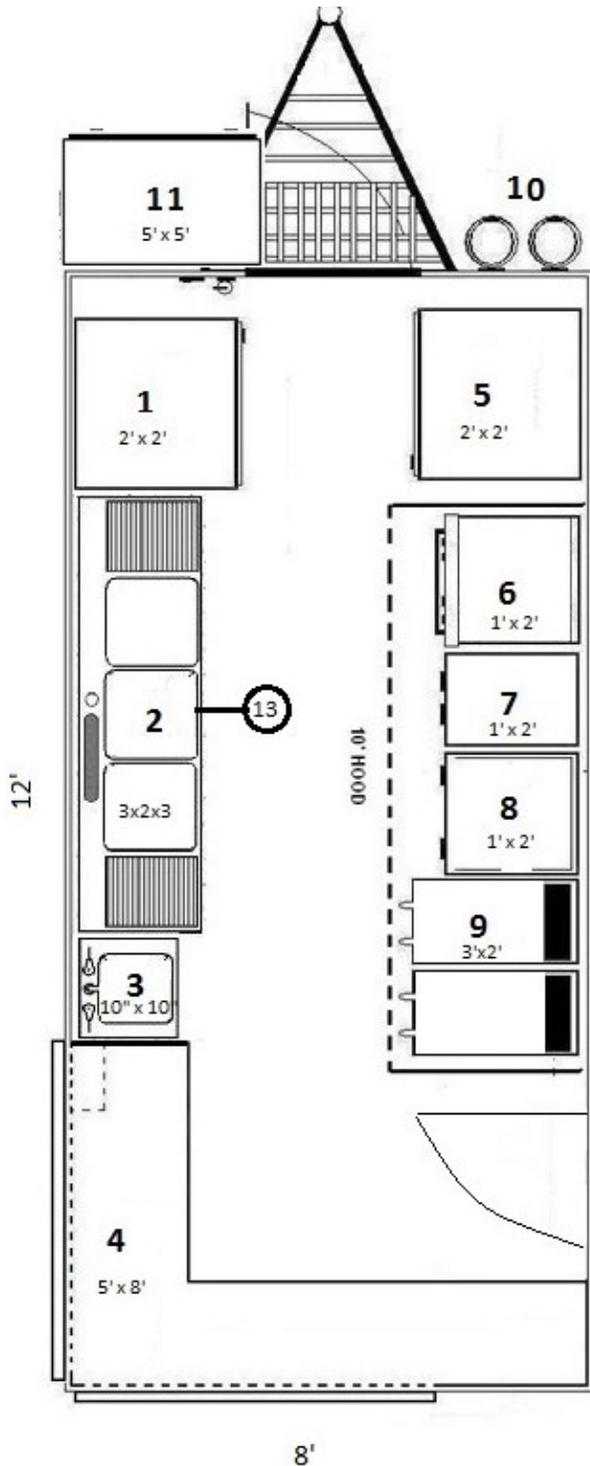
 (Mobile/Vendor – Signature & Date)

This agreement is a condition of the operating permit, and is subject to approval by Clark County Public Health (CCPH). The agreement must be renewed annually with the renewal of your permit. The agreement is not transferable. Should either party terminate the Restroom Agreement, a change of ownership occur, or any other modifications be made to the agreement, the permit for the party requiring the restroom access is suspended and all food and beverage operations shall cease until the owner/operator of the permit secures and submits a signed Use of Restroom Agreement to CCPH that is approved.



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FLOOR PLAN EXAMPLE



EQUIPMENT (INCLUDE BRAND NAME AND DIMENSIONS)

1. Blizzard BE 8.0 single door freezer
2. Roybro stainless steel three compartment sink with drain board
3. Roybro single hand wash sink
4. Oswald stainless steel service counter
5. Walter Co. double door cooler
6. Mr. Mickey, DL 5.0 convection oven
7. Mr. Mickey, DW 2.0 flat grill
8. Burbank six pan steam table
9. Walter Co. preparation top cooler
10. Hot water heater
11. 100 gallon food-grade potable water tank
12. 125 gallon wastewater tank located under mobile unit
13. Location of indirect drain



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Clark County Mobile Food Units Requirements at a Glance

	Parked under an hour	Parked over an hour	Stationary	Pod
Description	<i>Mobile food vendors that are parked under an hour at any given location</i>	<i>Mobile food vendors that are parked over an hour at any given location</i>	<i>Mobile food vendors that are permanently parked</i> <i>Note: Wheels and axle must remain on mobile unit.</i>	Two or more mobile units that are parked permanently <i>Note: Wheels and axle must remain on mobile unit.</i>
Requirements	<ul style="list-style-type: none"> • A Route Plan agreement • Approved wastewater disposal plan. • Approved public water source • Commissary Agreement (may be required) 	<ul style="list-style-type: none"> • Approved restrooms available to staff within 200 feet • A Route Plan Agreement • Approved wastewater disposal plan. • Approved public water source • Commissary Agreement (may be required) 	<ul style="list-style-type: none"> • The mobile unit must be readily moveable. • Approved restrooms available to staff within 200 feet • Approved public restroom, if seating is offered • On-site wastewater holding tank or approved wastewater disposal method • Secured on-site approved public water source • On-site enclosed garbage and recycling facilities • On-site electricity connection • On-site commissary (may be required) 	<ul style="list-style-type: none"> • The mobile unit must be readily moveable. • Approved restrooms available to staff within 200 feet • Approved public restroom, if seating is offered • On-site wastewater holding tank or approved wastewater disposal method • Secured on-site approved public water source • On-site enclosed garbage and recycling facilities • On-site electricity connection • On-site commissary (may be required)



CLARK COUNTY PUBLIC HEALTH FOOD SAFETY PROGRAM 2015 FEE SCHEDULE

The definitions and fees listed below are for general informational purposes only.
Please consult Clark County Public Health (CCPH) with the specifics of your operation.

FOOD PLAN REVIEW	
<p>1-time only fee paid before opening a food establishment. The Food Plan Review fee varies, depending on the type of food establishment.</p> <p>In addition to a Food Plan Review fee, an Annual Permit Fee is required</p>	
NEW CONSTRUCTION	\$670
Establishment not previously preparing and/or selling food.	
REMODEL/OPERATING MODIFICATIONS	\$422
Existing and currently operating food establishment to undergo structural or equipment change; previously operating food establishment that is reopening; or ownership change that results in changes to the previously approved menu, food preparation steps, or complexity level.	
ESPRESSO/BEVERAGE, MOBILE UNITS, FARMER'S MARKET, MULTIPLE EVENT VENDORS	\$422
New food service that occurs only in conjunction with scheduled events such as farmers markets or community festivals; or espresso or other beverage establishments.	
CHANGE OF OWNERSHIP	\$161
Ownership change of an existing, operating food establishment that results in only minimal changes to menu; and when notification is provided to Clark County Public Health 30 days or more prior to opening.	
When notification is <u>not</u> provided 30 days or more prior to opening.	\$261

COMPLEXITY LEVEL
<p>Depending on the complexity of the menu, different food establishments have varying Annual Permit Fees.</p>
EXEMPT FROM PERMIT
Pre-packaged non-potentially hazardous foods.
<u>Examples:</u> Candy bars, packaged nuts, soda, gum; and foods, such as cotton candy, popcorn, and candy apples may be prepared and sold without a permit. Complete list available upon request.
LEVEL 1
Pre-packaged foods; limited preparation required; heating and hot holding limited to 2 potentially hazardous foods. Most baked goods.
<u>Examples:</u> Grocery carrying pre-packaged products such as dairy, eggs, blended drinks, pre-packaged sandwiches made in an approved facility; espresso stand serving pre-packaged items made in an approved facility; ice cream/yogurt shop, beverage only.
LEVEL 2
Proteins must be purchased pre-cooked; cooling not permitted; hot held leftovers must be discarded daily.
<u>Examples:</u> Pre-cooked hamburgers and proteins; sandwiches; soups, and pizza.
LEVEL 3
Handling of raw proteins; preparation steps may include cooking, cooling, and/or reheating; baked goods containing custard.
<u>Examples:</u> Full service bars, grills, and restaurants; lasagna, sauce, refried beans, soup, fried rice, roast; meat loaf, tamales, and fried protein.

ESTABLISHMENT TYPES & DESCRIPTIONS	
<p>Food establishments may have varying permit levels depending on type and complexity. Annual Fee amounts are listed.</p>	
MULTIPLE EVENT (ITINERANT)	
Food service occurs only in conjunction with scheduled events (farmer's market, community festivals, etc.).	
Preparation of menu items must be done only in a CCPH permitted kitchen or on-site. The permitted kitchen must be used for all food and equipment storage, ware washing, and water supply. An Annual Commissary Agreement is required with a permitted kitchen.	
Limited menu. Foods must be prepared for immediate service or hot holding only. Cooling not allowed. Leftovers must be discarded daily.	
May cater events only with menu items that are reviewed and approved by CCPH.	
Level 1	\$248
Level 2	\$546
Level 3	\$893
BAKERY	\$273
Establishment retailing baked goods such as cakes, donuts, and breads.	
Higher complexity items (i.e. custard, quiche, pumpkin pies) are discouraged but considered on a case by case basis. Detailed description of preparation and cooling procedures are required for approved items with increased complexity.	
BED & BREAKFAST	\$298
Private home or inn offering 8 or less lodging units on a temporary basis to travelers. Offers only breakfast. Foods must be prepared for immediate service or hot holding only. No cooling. Leftovers must be discarded daily.	

ESTABLISHMENT TYPES & DESCRIPTIONS (Continued)

CATERER	\$596
A person contracted to prepare food in an approved food establishment for final cooking or service at another location.	
Permitted kitchen must be used for all food, equipment storage, ware washing, and water supply. <u>An Annual Commissary Agreement is required to use a separate business as a base of operation.</u>	
ESPRESSO/OTHER BEVERAGE	\$248
Kiosk, tasting rooms, or other structure serving only beverages and pre-packaged foods. Annual Commissary Agreement may be required. Permitted kitchen must be used for all food, equipment storage, ware washing, and water supply.	
Approval of expanded menus are based upon provided facility infrastructure and evaluated on a case by case basis.	
GROCERY	
Establishment offering range of groceries including produce, dairy, and/or other packaged foods with cold holding requirements.	
Grocery Permit	\$248
Add Level 1	\$248
Add Level 2	\$546
Add Level 3	\$864
MEAT MARKET	\$273
Retailing fresh, frozen, or cured proteins, poultry and fish. May be establishment in and of itself, or located within a grocery.	
MOBILE UNIT	
Readily movable, self-contained food establishment. Adequate hot & cold holding equipment, permanent hand washing stations, potable water, and waste water storage required.	
Food storage, food preparation, equipment storage and ware washing needs will be evaluated on a case by case basis.	
An Annual Commissary Agreement with a permitted kitchen is required for some or all of these activities.	
Level 1	\$273
Level 2	\$596
Level 3	\$1,042

PUBLIC KITCHEN	\$273
A permitted kitchen where food is stored, prepared, portioned, or packaged for service to the public. May be rented to other groups to prepare food. Outside groups or businesses using a permitted public kitchen to prepare foods for service to the public must obtain their own annual or temporary permit.	
<u>Examples:</u> Church kitchens, kitchen designed for cooking classes or for rental purposes.	
Food Establishment	
Food establishment within a permanent structure with all code identified facility requirements. Permitted establishment may cater private events within approved complexity level. Fees based on complexity and annual gross revenue.	
Level 1	
\$0-\$500K	\$273
\$501K - \$1M	\$328
\$1M+	\$358
Level 2	
\$0-\$500K	\$546
\$501K - \$1M	\$651
\$1M+	\$705
Level 3	
\$0-\$500K	\$864
\$501K - \$1M	\$1,018
\$1M+	\$1,097
Manager Inspection Program	\$356
SEASONAL	\$273
Establishment operating only on a seasonal basis (6 or fewer consecutive months a year) in a fixed location.	
<u>Examples:</u> concession stands, chef demo booths, holiday mall vendors.	
TEMPORARY EVENT	
Food service occurs only in conjunction with a scheduled event (fairs, community festivals, etc.) with limited menu. Preparation of menu items must be done only in an approved kitchen or on-site. The approved kitchen must be used for all food and equipment storage, ware washing, and water supply. Foods must be prepared for immediate service or hot holding only. Cooling not allowed. Leftovers must be discarded daily.	
1-3 Consecutive Days	\$152
4-21 Consecutive Days	\$302
Late fee	\$50
(if no application within 14 days of event)	

FOOD FOLLOW UP INSPECTION	
Mandatory Follow-up inspection	\$397
Required if a routine inspection results in 35 or more red critical points.	
Food Probation Inspection	\$1,191
Repeat critical violation(s) observed during the mandatory follow-up inspection results in Food Probation Inspections	
SCHOOLS	
New Construction	\$620
Remodel	\$478
Portable Addition	\$265
Cafeteria Public/Private	\$596
Permit Student Store	\$248
Summer School	\$273
Head Start	\$298
School Safety Inspection	\$422
OTHER FEES	
Add'l Services (per hour)	\$111.32
Food Handler Card	\$10



Clark County Public Health
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