

## Mobile Food Unit Plan Review and Permitting Guide

Preparing to open a new or remodeled mobile food unit requires careful planning, then approval of those plans by Public Health – Seattle & King County (Public Health) before you begin to build the unit. Public Health is one of several agencies from which you will need to get a permit before your mobile business can open.

This guide includes:

- A checklist of all the forms and permits that need to be completed and approved before you can open for business
- All the necessary forms that must be completed and turned into Public Health for review and approval.
- A glossary of word definitions that the guide uses and are important to understand as you develop your plan.
- Our contact information is on the next page. Please contact us if you still have questions after reviewing the guide or working with the forms.

### The Plan Review Application Process

Public Health's plan approval process requires you to complete the plans and application package, give it to Public Health to review and approve. Getting the permit will be delayed if the application package is not complete or the plans for your unit need to be changed. Appendix "A" offers a detailed checklist to help you organize a complete set of plans for our review. Your completed plan review application package must include:

1. A completed Plan Review Application for a Mobile Food Service Unit (Appendix "B")
2. Provide a copy of your mobile food unit plans
3. A Use of Commissary/Shared Kitchen Agreement (Appendix "C")
4. A completed Food Preparation Flow Chart (Appendix "D")
5. A completed Use of Restroom Agreement (Appendix "E")
6. A completed Mobile Food Unit Contact Information for Route or Site Location (Appendix "F")
7. A detailed menu
8. A description of your business operations plan
9. The correct plan review fee – see Appendix "B" for the fee schedule
10. A completed Mobile and Limited Plan Review Cover Sheet (Appendix "H")

Appendix "G" has the general requirements for your mobile unit. All the forms for this guide and mobile plan review application can be submitted via our website below:

<https://kingcounty.gov/depts/health/environmental-health/food-safety.aspx>

Following is the Public Health process after you turn in your plan review application package:

1. Public Health plan reviewers will look through the packet to make sure that it is complete.
2. If the plan review application is complete, it will be examined carefully by a plan reviewer. Applications are reviewed on a first come first served basis. The plan reviewer will let you know by email or US mail whether your plan was approved or not. **If your plans are not approved**, the plan reviewer will let you know exactly what needs to be done to do it correctly. After you've made the corrections, you will turn your application in to be re-considered for approval.

**When your plans are approved, you need to apply for your operating permit (Appendix "I"):**

1. Your operating permit is required to operate your Mobile Food Unit as a Food Service Establishment.
2. When you have paid for your permits and are ready to open for business, **call your plan reviewer to schedule a pre-opening inspection**. Our inspectors schedule pre-opening inspections on a first come, first served basis.

**Additional permits:**

**In addition to the Public Health plan review and permitting requirements, there may be other permits you are required to have before opening for business**

Local building officials may require that you apply for a “land use” permit for the site where you want to do business. Contact the city or jurisdiction where you want to place your mobile unit. For more information about mobile food vending in the **City of Seattle** right-of-way please contact: the Street Use Division, Annual Permits, (206) 684-5267 or [AnnualPermits@Seattle.gov](mailto:AnnualPermits@Seattle.gov) .

The City of Seattle’s Office of Economic Development also offers permitting guidance for food service operators. See <http://www.seattle.gov/office-of-economic-development/small-business/food-businesses> or call 206-684-3436.

Fire Department approval and permit is required if you will be using liquid propane, charcoal, wood or oil frying equipment.

Washington State Department of Labor and Industries (L & I) requires a sticker for occupied vehicles (commercial coaches)

Business licenses are required (state and local jurisdiction)

### **Glossary of Mobile Food Unit Terminology**

“**Cart**” means a Mobile Food Unit that can be pushed by a single person to move between locations..

“**Commissary**” is an approved food establishment where food is stored, prepared, put into portions or packaged to be served somewhere else.

“**Limited Food Service**” means a food establishment with a limited menu in a building without permanent plumbing.

“**Menu**” means the types of foods that will be served and how they are prepared.

“**Mobile Food Unit**” – means a food service that can be easily moved from one location to another, such as a cart, trailer, or truck.

“**Occupied Mobile Food Unit**” means a Mobile Food Unit where the workers will be inside of the unit, such as an enclosed truck or trailer.

“**Plan Review**” is the careful review of the proposed mobile food unit design, equipment, and menu by the health department to assure food items will be safely stored, prepared and served before the operating permit is granted. Reviewers will assure the mobile food unit is designed for food safety and that there is access to an approved commissary and bathroom. This guideline will help you prepare everything that you need to submit for a successful plan review.

Plan review is also required when changes are made to an existing mobile food unit, for example changes in ownership, commissary location, menu or physical design.

“**Unoccupied Mobile Food Unit**” means a Mobile Food Unit where the workers will be outside of the unit, such as a push cart or trailer.

#### **DOWNTOWN CHINOOK**

Environmental Health Division  
401-5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
Seattle, WA 98104  
Phone: (206) 263-9566

**OR**

#### **BELLEVUE EASTGATE**

Environmental Health Division  
14350 S.E Eastgate Way  
Bellevue, WA 98007  
Phone: (206) 477-8050

## Mobile food unit Plan application checklist

The following checklist will help you organize the necessary and **complete** set of plans for public health review. **Everything** on this list is required for the plan reviewer to accept the plans and begin the review process. Plans that are incomplete will not be accepted for review.

Your plan review package must be assembled in the following order.

- **1. Plan Review Application for a Mobile Food Service Unit** (Appendix “B” is the application)
- **2. Mobile Food Unit Design Information** (See Appendix “G” for information on operating a Mobile Food Unit.)
  - Outside View:** Provide plans/drawings/photos of the mobile food unit. Include front, back and side views.
  - Occupied Mobile Food Unit:** Provide scale drawings that include dimensions (*length, width*), of the interior layout showing all food service equipment locations (*hand wash sink, commercial refrigerator, cash register, soap & paper towel dispenser, three compartment sink, grill, oven, baked goods display, etc.*) Show all views including front, side, and elevations. State what the mobile surfaces, inside and out, are made of. Include the make and model number for each piece of equipment that will be installed. If the unit is already built, provide photographs of the inside, outside, all equipment, and the L & I sticker.



- Unoccupied Mobile Food Unit Layout:** Provide length, width and height, of the trailer or cart layout showing all food service equipment locations (*espresso machine, knock box, grinder, blender, hand wash sink, commercial refrigerator, cash register, soap & paper towel dispenser, hot dog cooker, condiment dispensers, grill, oven, baked goods display, etc.*)

**Note Movable Sidewalk Cart Size Restrictions:** The cart body size is limited to 3 feet by 6 feet and two (2) wing extensions not longer than 18 inches each. Local jurisdictions may require the cart dimensions to be smaller. Please check cart size restrictions with the jurisdiction where you want to sell your product before giving your plans to public health.



- **Limited Food Service:** Provide detailed layout showing all food service equipment locations (*espresso machine, knock box, grinder, hot dog cooker, hand wash sink, commercial refrigerator, cash register, soap and paper towel dispensers, condiment dispensers, etc.*)

### ➤ **3. Water System**

- Provide detailed drawings of the water system showing the placement/location of all parts, including: fresh and waste water tanks, hot water heater, pump, tubing, waste connection, three compartment sink (if applicable) and hand wash sink
- Hand wash sink must have hot and cold or warm (100 - 110° Fahrenheit) running water under pressure, be easily accessible and large enough for food employees to wash both hands simultaneously, approximately 10 x 10 x 6 inches. The hand wash sink is required to have at least five (5) gallons of fresh water.
- Hot water heater must have an adjustable thermostat and hot water temperature for the hand wash sink at 100° Fahrenheit (F) or more.
- Fresh water tank and all tubing material must be Food-Grade approved. Fresh water tanks must be filled with water from an approved source. If water tanks are refilled by hoses, the hoses must be food grade. All hoses must have vacuum breakers to prevent contamination of the water supply.
- If the mobile has a three compartment sink the fresh water tank must be sized to meet the cleaning needs of the truck in addition to the 5 gallons required for hand washing.
- Waste water tank must hold at least fifteen (15) percent more than the freshwater tank.
- Waste connection: The connection to the waste water tank must be easy to connect/disconnect or permanent and must not leak.

*The waste water tank must be emptied or drained at the commissary, or an approved disposal site, **NEVER** on the street or ground or used to water plants. If RV dump sites are used for wastewater holding tank disposal, you must attach the facility site address and a letter of permission to your application packet.*

- A 3-compartment dishwashing sink is required on all Occupied Mobile Food Units. The dishwashing sink must have space on both sides for dishes and be supplied with hot and cold running water under pressure.
- If seating is provided a plumbed restroom must be available for customers within 500 feet of your unit.

### ➤ **4. Commissary Information**

- **Commissary Name:** Include the address, phone number(s) and name of the contact person.
- **Permission Letter** (if applicable): If you are using someone else's approved kitchen, then complete the "Use of Commissary Agreement" form (*Refer to **Appendix "C"***).



- **Commissary Plan:** Provide a plan drawing of the commissary layout showing which food service equipment, plumbing fixtures and storage areas you will be using. If the mobile food unit is to be stored there, then show where it will be placed on the drawings.

## **5. Site/Itinerary Information Contact Information**

Provide a completed “*Mobile Food Unit Contact Information for Route or Site Location*” form (**Appendix F**).

## ➤ **6. Menu & Food Preparation Steps**

**Itemized Menu:** Provide a detailed list of all the foods and beverages you will be serving and note where you purchase your food supplies of any item that you have not made. Include all items like entrees, condiments, baked goods, iced drinks, syrups, etc. Note how the items are handled, packaged and/or displayed.

**Food Preparation:** Document all food preparation procedures. Include all steps in the preparation of each menu item noting whether the preparation occurs at the commissary or on the mobile food unit. Describe in detail how the food is prepared, when it is made, how it is packaged, how it is transported (hot/cold), etc. Fill out **Appendix “D”** to help summarize all the food processes that you will be using.

**Menu Change: Include on the plans the following statement:**

**“NO CHANGES WILL BE MADE WITHOUT PUBLIC HEALTH – SEATTLE & KING COUNTY APPROVAL”**

- Operating Site** – If the mobile food unit will be operating at only one site, indicate exactly where the mobile food unit will be located, including the address and a site map/drawing showing the mobile food unit in relation to the streets, buildings, restroom and commissary (if your commissary is within 500 feet). **and/or**

**Multiple Sites** – If the mobile food unit will be operating at multiple sites or on a route, provide your contact information and other ways in which we can determine your location of operation; such as cell phone number, email address, web page with a posted calendar, twitter account, or GPS locator.

- Restroom Location(s):** Provide a completed “*Use of Restroom Agreement*” form (**Appendix E**) and a map showing the location of the restroom in relation to the Mobile Food Unit if at any one location for more than one hour. A completed “*Use of Restroom Agreement*” must be kept on the mobile food unit for review at time of inspection.

Please note that your mobile food business may be closed and you may incur penalty fees if changes are made to the mobile food unit, menu, food preparation procedures, or commissary without first obtaining written approval.

## ➤ **7. Operating Procedures**

- Hours of Operation:** List the mobile food unit business hours and the preparation time(s) at the commissary.
- Tank Maintenance:** Describe how and where fresh and waste water tanks will be filled, emptied or cleaned.
- Setup & Takedown:** give an outline of your daily activities, to include preloading of the mobile food unit, transport to the site location, setup on site, closing procedures, storage of supplies, etc. Be specific. State the exact procedures that will be used at each sink (i.e. 3 compartment sink, mop sink.), in the commissary preparation of foods, for hand washing, etc.
- Cleaning Schedule:** Provide the cleaning and sanitizing procedures you will use on the mobile food unit during business hours. Describe the cleaning procedures at the commissary.

**Plan Review Application for a  
Mobile Food Service Unit**

**Operation Information**

(Please Print)

❖ *Service Request*

Operation Name (Doing Business As): \_\_\_\_\_  
 Mobile Unit Operating Location:  Single Site  Multiple Sites/Route (Include all locations with plan submittal.)  
 Single Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Scope (Briefly describe operation/menu style): \_\_\_\_\_  
 Former Name: \_\_\_\_\_ Unit Type:  Cart  Vehicle  Trailer  Movable Building  
 Required Information: WA License Plate # \_\_\_\_\_ VIN # \_\_\_\_\_ WA L & I Sticker # \_\_\_\_\_

❖ *Plan Check N.O.S. # 2***Plan Review Submittal Fee (Make checks payable to: "SKCDPH"). The Plan Review Fee is nonrefundable.**

New Operation (\$972 + \$243/hr after 4 hours) (S602)  
 Mobile changes (\$486 + \$243/hr after 2 hours) (S611)  
 Resubmitted Plan (\$243/hr) (S605)

**Ownership Information**❖ *Requestor*

Are you the new owner? Yes  No   
 Name(s): First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Business Name (Corp, LLC, etc): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.'s \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_

**Applicant Information (If different from owner)**❖ *Plan Check*

Contact Person (Applicant or Agent) Name(s): \_\_\_\_\_  
 First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
 Business Name (Corp, LLC, etc): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.'s \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_

**Commissary Information**❖ *Property Information*

Business Name: \_\_\_\_\_  
 Location/Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Commissary Owner/Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_ Sewage:  Sewer  Septic System

**Restroom Information (Must provide restroom availability letter for each stop that lasts longer than 1 hour)**❖ *SR Info Add Comment Sec.*

Business Name: \_\_\_\_\_  
 Location/Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Owner/Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Fax (Optional): \_\_\_\_\_ Email (Optional): \_\_\_\_\_ Sewage:  Sewer  Septic System

❖ **Office Use Only**

Date Submitted: \_\_\_\_\_ Risk Classification: \_\_\_\_\_ Service Request SR#: \_\_\_\_\_  
 Facility Account FA#: \_\_\_\_\_ Account Receivable AR#: \_\_\_\_\_ Invoice IN#: \_\_\_\_\_  
 Variance SR#: \_\_\_\_\_ Permit Record PR#: \_\_\_\_\_ DPD/DDES #: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_ Review Time: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Mobile Sticker # \_\_\_\_\_  
 Notes: \_\_\_\_\_

**DISTRICT HEALTH CENTERS**

DOWNTOWN  
401 5<sup>th</sup> Ave, 11<sup>th</sup>  
Floor Seattle, WA  
98104  
206-263-9566

EASTGATE  
14350 S.E. Eastgate  
Way Bellevue, WA  
98007  
206-477-8050

## Use of Commissary / Shared Kitchen Agreement

All Food Establishments must operate out of an approved facility located within King County. All users of a commissary that are subject to permitting as a food establishment, including but not limited to mobile food units and caterers, must complete this form and receive approval from Public Health prior to commencing operations at the commissary and regardless of ownership of the food operation and the commissary.

**If you are an existing food business currently permitted in King County, and wish to change your current commissary, there is a \$25 fee to process your application. Checks or money orders can be made payable to PHSKC.**

The commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used. (All of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- |   |   |
|---|---|
| <input type="checkbox"/> 3-Compartment Sink                             | <input type="checkbox"/> Hand Wash Sink                 |
| <input type="checkbox"/> Food Prep Sink                                 | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Dry Storage Space (square feet) _____          | <input type="checkbox"/> Freezer Space                  |
| <input type="checkbox"/> Restroom Access                                | <input type="checkbox"/> Ice Machine                    |
| <input type="checkbox"/> Key Accessibility to Commissary (If necessary) | <input type="checkbox"/> Cooking Equipment              |
| <input type="checkbox"/> Preparation Table/Equipment                    | <input type="checkbox"/> Mop Sink                       |
| <input type="checkbox"/> Off Street Parking for Trucks/Trailers         | <input type="checkbox"/> Other: _____                   |

**Commissary Information:**

Name of Business: \_\_\_\_\_ Permit Number **PR** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Business Hours of Operation: \_\_\_\_\_  
 Do other vendors use this commissary?  Yes  No If so, how many \_\_\_\_\_

**Mobile Unit/ Caterer/ Vendor Information:**

Name of Business: \_\_\_\_\_ Permit Number **PR** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Days/Time at Commissary: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I own **both** the business requiring and the business providing commissary services

\_\_\_\_\_  
 (Commissary Owner/Agent – Printed Name & Title)

\_\_\_\_\_  
 (Mobile Unit/Caterer/Vendor– Printed Name & Title)

\_\_\_\_\_  
 (Commissary Owner/Agent – Signature & Date)

\_\_\_\_\_  
 (Mobile Unit/Caterer/Vendor– Signature & Date)

This agreement between the owner of the commissary and the operator of the mobile unit, caterer or vendor signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile unit/caterer/vendor, or should there be any modification or cancellation of this agreement between parties, then the Public Health – Seattle & King Permanent Food Service Establishment Permit may be suspended.**

Available in alternative format upon request pursuant to ADA

For Office Use Only:  
 Health Officer approval for use of commissary by the mobile food unit owner/vendor identified above:  
 Health and Environmental Investigator/MPRAF Compliance Officer:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

**DISTRICT HEALTH CENTERS**

**DOWNTOWN**  
 401 5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
 Seattle, WA 98104  
 206-263-9566

**EASTGATE**  
 14350 S.E. Eastgate Way  
 Bellevue, WA 98007  
 206-477-8050

**Mobile Food Unit  
Food Preparation Flow Chart**

List each menu item and check mark each food preparation step that will occur at the **commissary**:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion/p ackage	storage
Example: Clam Chowder		✓	✓	✓	✓				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
Example: Clam Chowder			✓	✓		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**NOTE:** If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet.



**Use of Restroom Agreement**

All Food Establishments must provide restroom facilities for employees. This form shall be completed if you will be using restroom facilities that are owned by someone else.

Restroom facilities must be readily accessible within five hundred (500) feet of the food establishment during all times of operation. In addition, Mobile Food Units must also have access to restrooms if in any one location for more than one hour.

Indicate which of the following is available at the restroom location:

- Hot water at hand-wash sink(s) at or above 100° F
- Hand soap
- Disposable hand towels or other acceptable hand drying device
- Required sign or poster which notifies food employees to “wash their hands” clearly visible
- Key accessibility to restroom (if applicable)
- Distance from food service to restroom shall be 500 feet or less
- If seating is provided, then a plumbed restroom allowing customer access must be available within 500 feet.

Restroom Accessibility Information: Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Hours of Operation: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 What retail/service activity takes place at this facility? \_\_\_\_\_

Mobile Unit/Food Vendor Information: Name of Business: \_\_\_\_\_  
 Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Days/Time at Restroom: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_  
 (Restroom Owner/Agent – Printed Name & Title)

\_\_\_\_\_  
 (Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
 (Restroom Owner/Agent – Signature & Date)

\_\_\_\_\_  
 (Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the food establishment signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the restroom or food establishment, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Food Service Operators Permit may be suspended.**

**Notice to operators of Mobile Food Units**

**A copy of this completed Use of Restroom Agreement must be kept onboard the Mobile Food Unit.**

Available in alternative format upon request pursuant to ADA

**DISTRICT HEALTH CENTERS**

**DOWNTOWN**  
 401 5<sup>th</sup> Ave, 11<sup>th</sup> Floor  
 Seattle, WA 98104  
 206-263-9566

**EASTGATE**  
 14350 S.E. Eastgate Way  
 Bellevue, WA 98007  
 206-477-8050

**Mobile Food Unit Contact Information for Route or Site Location**

The Mobile Food Unit (cart/vehicle/trailer) owner/operator must provide Public Health - Seattle & King County with contact information which will provide one or 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.

*Mobile Food Unit/Vendor Information:*

Name of Business: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

If mobile food unit will be operating at a single location, please provide the address where the mobile unit will be operating:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Mobile Unit operating location City ZIP*

**Restroom** access for employees is required within **500** 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. (Appendix E).

\_\_\_\_\_  
(Mobile/Vendor – Printed Name & Title)

\_\_\_\_\_  
(Mobile/Vendor – Signature & Date)

Available in alternative format upon request pursuant to ADA

Submit to one of the following District Offices:

**Downtown Environmental Health:**  
401 5<sup>th</sup> Ave, Suite 1100, Seattle, WA 98104  
206-263-9566 (Office) 206-296-0189 (Fax)

**Eastgate Environmental Health:**  
14350 SE Eastgate Way, Bellevue, WA 98007  
206-477-8050 (Office) 206-296-9792 (Fax)

### General Requirements for Mobile Food Units:

- Food preparation (including, but not limited to, cutting, chopping, slicing or similar food preparation activity) will not be allowed on the mobile unit and must occur at the commissary.
- Grilling or otherwise reheating for hot holding is only allowed for Time/Temperature Control for Safety (TCS) foods that have been processed in a facility under Washington State Department of Agriculture (WSDA), US Food and Drug Administration (FDA) or US Department of Agriculture (USDA) inspection or foods that are cooked and cooled in the licensed commissary. Equipment for reheating must rapidly reheat within one (1) hour. Hot holding of reheated foods is not recommended. Reheating "to order" is a safer method and may be required.
- Commercial-grade mechanical refrigeration** is required for all TCS foods. Cold TCS foods must be held at less than 41° F. Thermometers must be visible in all refrigeration units. Pre-chilling the refrigeration units prior to loading is required.
- Facilities for hot holding must maintain 135° F or above. Mechanical units are required, either powered by propane, electricity or generators. Preheating the hot units prior to loading is required.
- All hot held TCS food must be served the same day. **Cooling and reuse of leftover hot food is not allowed.**
- All foods must be protected from contamination, e.g. a sneeze guard or dome shields.
- Condiments must be in single service packages or dispenser bottles. Condiments not available in single service packaging and which can't be dispensed in bottles may be served in bulk provided that the condiment is non-TCS and there is a sneeze guard for food protection, e.g., sauerkraut.
- All food, equipment, utensils, paper products, water tanks and cleaning supplies must be stored on the mobile food unit or in the commissary; no additional tables, storage or cooking equipment (smoker, barbecue) is allowed off the frame of the mobile food unit. A waste container must be provided for waste generated by the mobile food unit operation.
- Mobile food units must maintain their mobility and return to the commissary on a daily basis for storage and cleaning as necessary. An alternative servicing support operation may be allowed but written procedures must be approved in advance by Public Health.
- A copy of the approved plans must be kept with the Mobile Food Unit and be available for the inspector.

### Specific Requirements for Enclosed Mobile Food Units:

- Cooking of raw meats is restricted to thin foods, such as, hamburger patties. Cooking of raw meats greater than one (1) inch in thickness is not allowed.
- Ventilation hoods are required for any grease producing cooking equipment. If deep fryers are utilized, a tight fitting, heat resistant cover shall be locked in place for safe transport of hot grease.
- Occupied Mobile Food Units:** All occupied vehicles (commercial coaches) must obtain approval from Washington State Department of Labor and Industries (L&I). L&I rules and regulations govern the safety of body and frame design and the installation of plumbing, heating and electrical equipment. Contact the L&I Plans Examiner at (360) 902-5222 in Olympia for your packet of information on L&I plan review. Obtain L&I inspection and seal of approval prior to your plan review by the Health Department (black label affixed to the outside of the vehicle).

THE STATE OF WASHINGTON		DEPARTMENT OF LABOR AND INDUSTRIES		F922-041-000
INSPECTED AND APPROVED TO THE RULES AND REGULATIONS FOR CONVERSION TENDOR UNIT OR SELF-PROPELLED MEDICAL UNITS. RCW 43.22.340. UNITS BEARING A DEPARTMENT INSIGNIA SHALL NOT HAVE IT'S PLUMBING, MECHANICAL OR ELECTRICAL EQUIPMENT AND INSTALLATIONS ALTERED UNLESS APPROVAL IS FIRST OBTAINED FROM THE DEPARTMENT OF LABOR AND INDUSTRIES. SELLER/CONVERTOR CERTIFIES TO COMPLIANCE OF UNIT.				
VENDOR NO.	P.A.	D		
MSR		DSN		
ELECTRICAL SERVICE LOAD	PLUMBING FIXTURES	HEATING AND/OR COOLING		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

### ***Specific Requirements for Non-Enclosed Mobile Food Units:***

- Juice extractors are not allowed because of the difficulty of cleaning them during operation.
- Raw proteins (beef, pork, poultry, seafood, etc.) are not allowed on the Mobile Food Unit.
- All hot held food items must be discarded at the end of the day, no cooling of these items will be allowed.**
- The number of menu items may be restricted due to mobile food unit size limitations.
- One ice chest is allowed for storage of non-Time/Temperature Control for Safety (TCS) beverages.
- Reusable utensils (i.e., tongs, spoons, etc.) must be washed and sanitized at the commissary. If the commissary is not convenient to carry out constant ware washing, then extra clean and sanitized utensils must be loaded on the cart in a sanitary container and soiled utensils must be replaced. Store dirty utensils in a separate container for washing and sanitizing at the commissary.

### ***Specific Requirements for Mobile Food Units Serving Only Prepackaged Foods:***

- All preparation and packaging must be done at the commissary or another permitted commercial establishment.
- Commercial-grade mechanical refrigeration is preferred and may be required depending on menu (i.e., TCS foods and length of business day). Re-freezable or dry ice may be utilized in an ice chest, the inside and outside must be smooth, cleanable and durable. (Styrofoam ice chests are not approved).
- No utensils are needed for prepackaged foods. The operator cannot open packages or handle unwrapped food. Only the customer can open the package.
- Prepackaged food must be properly labeled with the common name of the food; the label must contain a list of ingredients beginning with the most and ending with the least by weight, including all artificial color(s), flavor(s) and chemical preservatives the food contains; The label must also contain an accurate statement of the quantity of the packaged food, and the name and place of business of the manufacturer, packer, or distributor.
- Additional requirements for vehicles that stop at office buildings and sell prepackaged foods on multiple floors:
  - a) Commercial-grade mechanical refrigeration is preferred and may be required in the vehicle. Re-freezable ice packs may be utilized for multiple floor sales (no regular ice).
  - b) Hot holding is not permitted.
  - c) Condiments must be prepackaged single servings.

### ***Specific Requirements for Limited Food Service:***

- Commissary must be located within **200** feet of the Limited Food Service.
- Menu is limited to non-potentially hazardous foods, hot dogs, and espresso drinks.
- Juice extractors are not allowed because of the difficulty of cleaning them during operation.
- One ice chest is allowed for storage of non-TCS beverages.
- Reusable utensils (i.e., tongs, spoons, steamer pitchers, etc.) must be washed and sanitized at the commissary.



## Mobile and Limited Plan Review Cover Sheet

**Please place this cover sheet on top of the plans or on the outside of a set of 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.

Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Street City Zip

Applicant/Contact Person for Plans \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

For City of Seattle only – DPD Project Number (if already assigned) \_\_\_\_\_

**Page number in plans or specifications should be noted below.**

★ **New Business**

Please Check if Item included	Item	Information Required	Location in Plans (page number)	Public Health Notes
<input type="checkbox"/>	Plan Review Application	Application must be complete (Appendix B)		
<input type="checkbox"/>	Plan Review Fee	-New: \$972 (4 hr base) -Changes to Mobile or Limited Food Service Plan Review \$486 (2 hr base) -Resubmitted Plans: \$243/hr <i>*Hourly rate of \$243 charged after the base time</i>		
<input type="checkbox"/>	Mobile Food Unit Design	-Detailed drawings of mobile food unit -Photos of mobile food unit -Photo of L & I sticker (if occupied vehicle)		
<input type="checkbox"/>	Limited Food Service	-Detailed drawings of Limited Food Service		
<input type="checkbox"/>	Water System Design	-Detailed drawings of water system		
<input type="checkbox"/>	Commissary Information	-Permission Letter (Appendix C) -Drawing of commissary		
<input type="checkbox"/>	Site/Itinerary Information	-Restroom Use Agreement (Appendix E) -Site or Route Information Form (Appendix F)		
<input type="checkbox"/>	Menu and Food Preparation Steps	-List of food and beverage items to be prepared and served. - Food preparation Flow Chart (Appendix D)		
<input type="checkbox"/>	Operating Procedures	-Hours of operation - Water & waste water tank maintenance - Cleaning schedule		

★ **Change of ownership and/or change of commissary**

<input type="checkbox"/>	Use of Commissary / Shared Kitchen Agreement		
<input type="checkbox"/>	Use of Restroom Agreement		
<input type="checkbox"/>	Mobile Food Unit Contact Information for Route or Site Location		

For the City of Seattle, please provide a copy of this stamped document to the City as proof that plans have been submitted to Public Health Seattle-King County.

For Office Use Only:	Administrative review: _____	Date: _____	
Reviewed by: _____	Date: _____	Time: _____	Activity min: _____

**APPLICATION TO OPERATE A MOBILE  
FOOD UNIT/COMMISSARY**

**PERMIT YEAR IS APRIL 1<sup>ST</sup> THROUGH MARCH 31<sup>ST</sup>**

Name of Mobile Unit: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mobile Unit Operating Location: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Check all that apply:**

- New Permit                       Permit Renewal                       Change of Ownership                       Change of mailing address
- Mobile Reciprocity                       Classification Change: 67 \_\_\_\_\_                      Permit Number: PR \_\_\_\_\_
- Change of Commissary (\$25 fee)                      Previous Commissary Name/Address \_\_\_\_\_
- Change of Business Name/ Previous Business Name: \_\_\_\_\_

**Notice:** By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Call (206) 263-9566 if you do not receive a renewal application by February 28<sup>th</sup>. Be sure to renew your permit before it expires.**

**PAYMENT INFORMATION**

See back of form for fee schedule & refund policy.

New! Now you can renew on-line at [kingcounty.gov/ehs/portal](http://kingcounty.gov/ehs/portal)

Complete if applicable:	Permit Fee	\$ _____
New Operation: Date Opening _____	Late Fee	\$ _____
Seasonal Operation:	Field Plan Review Fee	\$ _____
Date of Opening _____	Seasonal Fee	\$ _____
Date of Closing _____		
Seating Capacity (if seating is provided) _____	<b>Total Due</b>	<b>\$ _____</b>

**MAKE CHECKS PAYABLE TO: PHSKC**

**WEBSITE:** [kingcounty.gov/FoodSafety](http://kingcounty.gov/FoodSafety)

**DOWNTOWN**  
401 5<sup>th</sup> Avenue, 11<sup>th</sup> Floor  
Seattle, WA 98104  
206-263-9566

**EASTGATE**  
14350 SE Eastgate Way  
Bellevue, WA 98007  
206-477-8050

**Office Use Only**

Mobile PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ PLAN REVIEW SR \_\_\_\_\_ MOBILE STICKER # \_\_\_\_\_

Commissary PR \_\_\_\_\_ FA \_\_\_\_\_ PE \_\_\_\_\_ VARIANCE SR \_\_\_\_\_ DATE FACILITY OPENED \_\_\_\_\_

INSPECTOR NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT CATEGORY	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$425	6702 - \$668	6703 - \$911
General Food Service- 13-50 seats	6711 - \$425	6712 - \$729	6713 - \$972
General Food Service- 51-150 seats	6721 - \$425	6722 - \$729	6723 - \$1,094
General Food Service- 151-250 seats	6731 - \$425	6732 - \$851	6733 - \$1,215
General Food Service- over 250 seats	6741 - \$425	6742 - \$911	6743 - \$1,337
Limited Food service- no permanent plumbing	6757 - \$425	NA	NA
Bakery- no seating	6751 - \$547	6752 - \$608	6753 - \$911
Bed and Breakfast	6761 - \$425	NA	NA
Grocery Store- no seating	6765 - \$425	6766 - \$790	NA
Caterer	6771 - \$547	6772 - \$729	6773 - \$911
Meat/Fish Market	NA	NA	6777 - \$911
Vending Machine	6775 - \$425	NA	NA
Mobile Food Unit	6781 - \$608	6782 - \$972	6783 - \$1,215
Nonprofit Institution - unlimited seating *nonprofit organization but charges a fee for food	6735 - \$425	6736 - \$668	6737 - \$911
DFDO * nonprofit organization & distributes food free of charge to the needy	6746 - \$425	6747 - \$668	6748 - \$911
DFDO * active & exempt from billing	6846 - \$0	6847 - \$0	6848 - \$0
School Lunch Program	NA	6792 - \$668	NA

#### PRORATION SCHEDULES

##### FOR PERMANENT FOOD ESTABLISHMENTS

###### Starting operation:

On or after April 1 but before July 1	100% of annual permit fee
On or after July 1 but before October 1	75% of annual permit fee
On or after October 1 but before January 1	50% of annual permit fee
On or after January 1 but before April 1	25% of annual permit fee

##### FOR SEASONAL FOOD ESTABLISHMENTS

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating more than 10 months and up to 12 months	100% of annual permit fee
Operating more than 7 months and up to 10 months	75% of annual permit fee
Operating more than 4 months and up to 7 months	50% of annual permit fee
Operating 4 or fewer months	25% of annual permit fee

#### PLAN REVIEW FEES

New Construction	4 hour base fee (\$972) + \$243/hr after 4 hours
Remodel	3 hour base fee (\$729) + \$243/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$729) + \$243/hr after 3 hours
Resubmitted plan review-billable	\$243/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$486) + \$243/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$486 + \$243/hr after 2 hours

#### LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

#### MISCELLANEOUS FEES

Facility Name Change (with no other changes)	\$25
Commissary Change (caterers and mobiles)	\$25
Processing a refund	\$25
Check returned by bank	\$35
Request for variance and/or HACCP review	\$243/hr
After hours inspection	Cost of service

#### Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).