



# Warren County Health Department

Office of Environmental Public Health

Phone: 636-456-7474 / Fax: 636-456-4966

101 Mockingbird Lane, Ste 100 · Warrenton, MO 63383

[eprouhet@warrencountymo.org](mailto:eprouhet@warrencountymo.org)/[www.warrencountyhealth.com](http://www.warrencountyhealth.com)

## Application to Operate a Mobile/Temporary Food Service Unit

### Permit Fee \$75.00

Amount Paid \_\_\_\_\_ Cash  Check# \_\_\_\_\_ Receipt# \_\_\_\_\_

Directions: The operator of each Mobile Unit must complete the application and submit with the permit fee, and "No Tax Due" statement, to the Warren County Health Department.

**Make Checks Payable To: Warren County Treasurer.**

Owner/Applicant Name and Address:

Submission Date: \_\_\_\_\_

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

\_\_\_\_\_

Location of Unit or Vendor Site#: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Fax#: \_\_\_\_\_

Location of commissary (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Is this an approved site? \_\_\_\_\_

\_\_\_\_\_ Date of inspection \_\_\_\_\_

1. List all food and beverage items to be prepared and/or served. Attach a separate sheet if necessary: \_\_\_\_\_

\_\_\_\_\_

2. Will all foods be prepared at the Mobile Unit site? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, the operator MUST provide a copy of the latest inspection report from the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be held in the Mobile Unit:

\_\_\_\_\_



# Warren County Health Department

Office of Environmental Public Health

Phone: 636-456-7474 / Fax: 636-456-4966

101 Mockingbird Lane, Ste 100 · Warrenton, MO 63383

[eprouhet@warrencountymo.org](mailto:eprouhet@warrencountymo.org)/[www.warrencountyhealth.com](http://www.warrencountyhealth.com)

4. Describe how food temperatures will be monitored:

---

5. Identify the sources for each meat, poultry, seafood, and shellfish item :

---

6. Identify the sources for ice used in the Mobile Unit:

---

7. Describe the number, location and set up of hand washing facilities to be used by the Mobile Unit workers:

---

8. Identify the source of the potable water supply and describe how water will be stored and distributed in the Mobile Unit. If a non-public water supply is to be used, results from the most recent water testing must be provided:

---

---

9. Describe where equipment and utensil washing will take place:

---

---

10. Describe how and where wastewater from hand washing and utensil washing will be collected,

Stored and disposed:

---



# Warren County Health Department

Office of Environmental Public Health

Phone: 636-456-7474 / Fax: 636-456-4966

101 Mockingbird Lane, Ste 100 · Warrenton, MO 63383

[eprouhet@warrencountymmo.org](mailto:eprouhet@warrencountymmo.org)/[www.warrencountyhealth.com](http://www.warrencountyhealth.com)

11. Describe the Mobile Unit structure to be used. Please indicate type of floors, walls, ceiling surfaces and lighting. Attach a simple sketch or diagram of Mobile unit if needed.

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling Surface \_\_\_\_\_

Lighting \_\_\_\_\_

12. Describe how trash and garbage will be disposed of (dumpster site, waste company, frequency of pick-up): \_\_\_\_\_

\_\_\_\_\_

13. Will service windows and other openings be screened? \_\_\_ Yes \_\_\_ No If No, please attach a Facility Plan for fly and insect control.

14. Will leftovers be saved for future use? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes how will the leftovers be handled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Warren County Health Department

Office of Environmental Public Health

Phone: 636-456-7474 / Fax: 636-456-4966

101 Mockingbird Lane, Ste 100 · Warrenton, MO 63383

eprouhet@warrencountymo.org/www.warrencountyhealth.com

## STATEMENT OF VERIFICATION

### Application to Operate a Mobile Food Establishment

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Warren County Health Department may nullify final approval.

**Owner/ Manager of Mobile Unit:** \_\_\_\_\_

**SIGNATURE (S) OF APPLICANT:**

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

Approval of these plans and specification by the Warren County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

Please mail application to:

**Warren County Health Department**

**101 Mockingbird Lane, Ste 100**

**Warrenton, MO 63383**

**Attn: Food Section Supervisor**

**For questions, please call: 636-456-7474**

**Fax: 636-456-4966**

\*\*\*\*\*Notes/Approval\*\*\*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewer** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_