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For Office Use Only	
App Accepted By:	

Mobile Unit Application

New Construction
 Change of Ownership *Former Business Name:*

SECTION 1: BUSINESS INFORMATION

Food Establishment Name		Date of Application: ____/____/____	
		Proposed Opening Date: ____/____/____	
Location Name: (where mobile will be located)	Telephone Number ()	Fax Number ()	
Food Establishment Website	City State	Zip Code	
Type of Good Establishment			
Extended Menu: <input type="checkbox"/> Mobile Unit			
Limited Menu: <input type="checkbox"/> Push Cart <input type="checkbox"/> Espresso Only <input type="checkbox"/> Frozen Products <input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Other			
Seating Capacity		Number of Food Employees per Shift	
<input type="checkbox"/> Zero (0) <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50		<input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+	
Hours of Operation			
Sun: ____ to ____ Mon: ____ to ____ Tue: ____ to ____ Wed: ____ to ____ Thu: ____ to ____ Fri: ____ to ____ Sat ____ to ____			

Section 2: Owners Contact Information

Note: This will be the "Address of Record" for *all* communication mailed from ACPH

Owner's Name	Day Time Phone	E-mail
Mailing Address:		

SECTION 3: Commissary

Commissary: All mobile food units need to use a separate facility for food preparation, storage, and cleaning. Have you submitted the Commissary Application?	Yes	No
Unit Storage: Will you store your unit at the commissary when it is not in use/not at the location of operation?	Yes	No
Seasonal: Will this establishment operate less than 6 months of each year? If yes, Start Date: _____ End Date: _____	Yes	No
Food Preparation: Will you prepare food at the commissary? If the food is PHF, how will you control the temperature during transport?	Yes	No

SECTION 4: MENU OVERVIEW

Note: Application must include complete list of menu items

Circle correct answer for each question:		
High Risk Groups: Will this establishment <i>primarily</i> serve children under the age of 10, adults over the age of 65, or people with weakened immune systems (such as those on dialysis)?	Yes	No
Meat and Produce Preparation: Will you prepare raw meat or slice/wash fresh produce?		
Raw Animal Products: Will this establishment use raw meats, poultry, or fish?	Yes	No
Cooking Thick Foods: Will you cook meats thicker than 1-inch thick?		
Consumer Advisory: Will this establishment serve raw or undercooked meats, poultry, fish, eggs, or shellfish?	Yes	No
Cooling: Will this establishment cool foods, such as when preparing pasta salads or cooling for later service?	Yes	No
Packaging: Will this establishment package food in an <i>air-tight</i> package, such as shrink-wrap, sous vide, reduced-oxygen, or vacuum packaging?	Yes	No

Shellfish: Will this establishment serve or sell molluscan shellfish such as oysters, clams, mussels, or scallops?	Yes	No
Holding Tank: Will this establishment have water tanks to hold live shellfish such as crab, lobster, clams, or mussels?	Yes	No
Section 5: Mobile Food Unit Information <i>Note: Application must include completed Plan Specifications List</i>		
Plumbing and Waste		
Do you have a dedicated handwash sink on the mobile unit? This sink may only be used for handwashing)	Yes	No
Do you have a 3-compartment sink on the mobile unit?	Yes	No
<i>Note: Marking any of the above items as (No) will limit the allowable menu or preparation steps</i>		
Will dishes be washed on the mobile unit?	Yes	No
Where will you get your water?	Commissary	Other
How many gallons does your fresh water tank hold?	_____ gallons	
How will you dispose of your used water and sewage?	Commissary	Other
How big is the gray water tank? (must be at least 15% larger than fresh tank)	_____ gallons	
Cold holding		
Number of Electric Refrigerated Units (able to keep food 41°F or colder)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
Number of Freezers	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
Number of Ice Chests	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
Cooking and Hot holding		
Heating Equipment Used* <input type="checkbox"/> Oven <input type="checkbox"/> Microwave <input type="checkbox"/> Grill <input type="checkbox"/> Deep fryer <input type="checkbox"/> Stove <input type="checkbox"/> Steamer <input type="checkbox"/> Broiler <input type="checkbox"/> n/a *Check with the fire marshal for ventilation hood requirements <input type="checkbox"/> Other		
Hot Holding Equipment Used <input type="checkbox"/> Steam table <input type="checkbox"/> Hot case <input type="checkbox"/> Slow cooker <input type="checkbox"/> Heat lamp <input type="checkbox"/> Other _____		
Power Source		
Electricity <input type="checkbox"/> Generator <input type="checkbox"/> Propane <input type="checkbox"/>		
Labor & Industries (required for the mobile units that workers occupy)		
Washington L&I Insignia Number: _____ Application submitted ----/-----/----- <input type="checkbox"/> Copy Included in paper work _____		
SECTION 7: ACKNOWLEDGEMENT & SIGNATURE		
My signature certifies that I am the owner or designee of the establishment and that the information provided in this application is accurate. I further certify that I grant permission to allow the Health Officer and/or representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of any section or subsection of WAC 246-215, said food will be voluntarily removed from human food channels by me and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Asotin County Health District Board of Health Regulations or WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.		
<i>Reference: 03290,05280,08215(4)(f) of the Washington Administrative Code 246-215</i>		
Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before operating the establishment listed on this application.	<div style="display: flex; justify-content: space-between;"> Applicant's Signature Date </div> <div style="text-align: center; margin-top: 10px;">()</div> <div style="display: flex; justify-content: space-between;"> Applicant's Printed Name Phone Number </div>	