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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

<b>Food Establishment Name</b>		<b>Date of Application:</b> ____/____/____	
		<b>Proposed Opening Date:</b> ____/____/____	
<b>Location Name:</b> (where mobile will be located)	<b>Telephone Number</b> (     )	<b>Fax Number</b> (     )	
<b>Food Establishment Website</b>	<b>City State</b>	<b>Zip Code</b>	
<b>Type of Good Establishment</b>			
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			
<b>Seating Capacity</b>		<b>Number of Food Employees per Shift</b>	
<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+	
<b>Hours of Operation</b>			
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

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

<b>Circle correct answer for each question:</b>		
<b>High Risk Groups:</b> 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
<b>Meat and Produce Preparation:</b> Will you prepare raw meat or slice/wash fresh produce?		
<b>Raw Animal Products:</b> Will this establishment use raw meats, poultry, or fish?	Yes	No
<b>Cooking Thick Foods:</b> Will you cook meats thicker than 1-inch thick?		
<b>Consumer Advisory:</b> Will this establishment serve raw or undercooked meats, poultry, fish, eggs, or shellfish?	Yes	No
<b>Cooling:</b> Will this establishment cool foods, such as when preparing pasta salads or cooling for later service?	Yes	No
<b>Packaging:</b> 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

<b>Shellfish:</b> Will this establishment serve or sell molluscan shellfish such as oysters, clams, mussels, or scallops?	Yes	No
<b>Holding Tank:</b> Will this establishment have water tanks to hold live shellfish such as crab, lobster, clams, or mussels?	Yes	No
<b>Section 5: Mobile Food Unit Information</b> <i>Note: Application must include completed Plan Specifications List</i>		
<b>Plumbing and Waste</b>		
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	
<b>Cold holding</b>		
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+	
<b>Cooking and Hot holding</b>		
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 _____		
<b>Power Source</b>		
Electricity <input type="checkbox"/> Generator <input type="checkbox"/> Propane <input type="checkbox"/>		
<b>Labor &amp; Industries (required for the mobile units that workers occupy)</b>		
Washington L&I Insignia Number: _____		
Application submitted ----/-----/----- <input type="checkbox"/> Copy Included in paper work _____		
<b>SECTION 7:</b> <b>ACKNOWLEDGEMENT &amp; SIGNATURE</b>		
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>		
<b>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.</b>	_____ Applicant's Signature <span style="float: right;">Date</span>	
	_____ Applicant's Printed Name <span style="float: right;">Phone Number</span>	