



ITINERANT FOOD VENDING ESTABLISHMENT PLAN REVIEW APPLICATION

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:

*Note: Your application is not complete and cannot be accepted without all the requested information.

- Detailed plan of mobile unit drawn to scale (minimum ¼ inch = 1 foot) showing location of all equipment. You may also submit photographs with the drawings.
- Food equipment schedule/key to include make and model numbers and listing of equipment that is certified or classified for sanitation by ANSI accredited certification (i.e. NSF, National Safety Foundation).
- Proposed equipment specification sheets.
- Proposed menu as your customers will view it.
- Certified Food Protection Manager Certificate(s) - Must be submitted prior to licensing.
- Training records for all employees – Must be submitted prior to licensing.
- Base of Operation Declaration Form along with attachments as necessary
- Copy of base kitchen/commissary permit and most recent inspection report.
- Copy of most recent water test results (For well water only; basic potability screen).
- A mobile unit that has a route, such as a lunch truck, must provide the route or itinerary each month or when the itinerary changes.
- A mobile unit that is set up at one location must have approved restroom access within 200 feet of the vehicle. A restroom agreement letter is required.
- All mobile units must be returned to the base of operation(s) or other approved storage location at the end of each operating day.
- I understand that no food can be prepared, or food/food equipment stored in my home.

ITINERANT FOOD VENDING ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Business: _____

Name of Legal Owner: _____ Phone: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Contractor Architect/Designer Owner

Email Address of Owner: _____ Cell Phone # for 24-hour Emergency Contact: _____

Months of Operation (i.e. May – Sept, Year Round): _____

Describe how Mobile Unit will be winterized: _____

Antifreeze type: _____

Location where food is prepared: Onsite Commissary/Base Kitchen (See Base of Operation Declaration Form)

Primary Location of Vending (Site Address): _____

****Note:** A mobile unit that is set-up at one location must have approved restroom access within 200 feet of the vehicle. A restroom agreement letter is required. A mobile unit that has a route, such as a lunch truck, must provide the route or itinerary each month or when the itinerary changes.

Type of Water Supply: Public Well Other: _____ Location of Water Supply: Commissary Other: _____

****Note:** If water is from a well, water test results from a CT certified laboratory prior to the issuance of an annual license is required.

Fresh water holding tanks: Capacity: _____ Construction materials: _____

How is the potable water storage tank filled? Food grade hose Other: _____

How do you sanitize the water tank? _____

Hot water heater: Size: _____ Make: _____ Model #: _____

Waste water holding tank(s): Capacity: _____ Construction materials: _____

****Note:** Waste water tank shall be at least 15% larger than the fresh water tank.

Location Where Waste Water is Disposed: _____

****Note:** You may not discard your wastewater into a storm drain or on the ground surface.

Describe how garbage will be stored and disposed: _____

****Note:** You may not use City trash cans to dispose of your refuse.

Describe where cooking grease will be stored and disposed (if applicable): _____

For all items prepared and sold on the mobile unit, indicate where the following tasks will take place. Select all that apply:

- Cooking: Mobile Unit Licensed Commissary Not Applicable
- Reheating: Mobile Unit Licensed Commissary Not Applicable
- Cooling: Mobile Unit Licensed Commissary Not Applicable

- Thawing: Mobile Unit Licensed Commissary Not Applicable
- Ice-making: Mobile Unit Licensed Commissary Not Applicable Store Bought
- Washing produce: Mobile Unit Licensed Commissary Not Applicable
- Slicing/cutting/dicing Mobile Unit Licensed Commissary Not Applicable
- Ware Washing: Mobile Unit Licensed Commissary Not Applicable
- Other: _____ Mobile Unit Licensed Commissary Not Applicable
- Other: _____ Mobile Unit Licensed Commissary Not Applicable
- Other: _____ Mobile Unit Licensed Commissary Not Applicable

Indicate where the following storage will be located. Select all that apply:

- Cold Storage: Mobile Unit Licensed Commissary Not Applicable
- Dry Storage: Mobile Unit Licensed Commissary Not Applicable
- Freezer Storage: Mobile Unit Licensed Commissary Not Applicable
- Chemical Storage: Mobile Unit Licensed Commissary Not Applicable
- Other: _____ Mobile Unit Licensed Commissary Not Applicable
- Other: _____ Mobile Unit Licensed Commissary Not Applicable

I understand that NO food can be prepared or food/food equipment stored in my home: Yes No

All foods must be obtained from a licensed and permitted wholesaler or food distributor. Where will food be purchased? _____

Describe hot holding and cold holding methods that will be utilized on the mobile unit: _____

What is the power source for the mobile unit: In transit: _____ On-Site: _____

Indicate construction materials (quarry tile, stainless steel, FRP Linoleum, etc.) that will be used in the unit in the following areas:

| FLOOR | WALLS | CEILING | COUNTERTOPS |
|-------|-------|---------|-------------|
| | | | |

The undersigned agrees to comply with all regulations and ordinances enforced by the City of Milford Health Department. You must contact the Environmental Health Division at 203-783-3287 if you propose changes at any time in the menu, equipment, facility, or any of the above referenced information.

Owner/Applicant Signature: _____ Date: _____

Please print name: _____

FOR OFFICE USE ONLY

Menu Provided? Yes No

Floor Plan & Equipment Acceptable? Yes No

CFPM/Alternate CFPM Provided? Yes No

Fee Paid: _____

Plan Approved by: _____ Date: _____