KCMO HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH PROGRAM
2400 TROOST AVE, SUITE 3000
KANSAS CITY, MO 64108
Phone: (816) 513-6315 Fax: (816) 513-6290

Public Health

MOBILE UNIT FOOD PERMIT APPLICATION

Instructions:

- Return completed application at least 30 days prior to planned opening date. If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- All fees are due at the pre-opening inspection with a CHECK or MONEY ORDER
- made payable to the City Treasurer. No cash will be accepted.
- Pre-opening inspection does not guarantee a permit will be issued.

OFFICE USE ONLY	
Permit #: _____	Issue Date: _____
Rec'd by: _____	Date: _____
Assigned to: _____	District: _____
Amount: _____	Check#: _____

PROCESSING FEE MUST BE SUBMITTED WITH THE APPLICATION AND IS NON REFUNDABLE

PLEASE NOTE: Filling out this application does NOT guarantee you permission to operate. You MUST contact the Kansas City Health Department and speak with a Food Inspector in order to complete this application process.

DATE: _____

UNIT/VENDOR NAME: _____

OWNER NAME: _____

Federal Tax ID #: _____ **MOBILE UNIT LICENSE PLATE NUMBER:** _____

Ownership Type (Check one): Individual ☐ **Association** ☐ **Corporation** ☐ **Partnership** ☐ **LLC** ☐

OWNER ADDRESS: _____ **CITY:** _____

OWNER PHONE: (___)_____ STATE: _____ **ZIP:** _____

COMMISSARY ADDRESS: _____ **CITY:** _____

COMMISSARY PHONE: (___)_____ STATE: _____ **ZIP:** _____

COMMISSARY HOURS OF OPERATION: _____

APPLICANT NAME: _____ **DATE OF BIRTH:** _____

TYPE OF MOBILE UNIT: ☐ MOBILE UNIT   ☐ ICE CREAM TRUCK
☐ TRUCK SALES VENDORS - (FROZEN FOOD TRUCK SALES)

WHICH ADDRESS WILL KCMO HEALTH DEPARTMENT MAIL CORRESPONDENCE:
☐Commissary   ☐Owner/Alternate

PERSON-IN-CHARGE: (please print)_____
Has the person-in-charge completed a food safety course? ☐ Yes ☐ No **Type of food safety class:** _____
(The person-in-charge is directly responsible for the food establishment and he/she or an appointed designee must be present at all times during the operation of the food establishment.)

FOOD TO BE SERVED:
Please check one or more of the boxes to indicate your cuisine type:

☐ Hotdogs	☐ Baked Goods	☐ Coffee/Tea	☐ Breakfast
☐ Hamburgers	☐ Chicken	☐ Deli	☐ Pre-packaged
☐ Greek	☐ BBQ	☐ Mexican	☐ Vegetarian
☐ Pizza	☐ Fish	☐ Dessert	☐ Middle Eastern

☐Other_____

Do you prepare or serve potentially hazardous foods using any of the following methods? (Please check all that apply)

☐ thaw frozen product   ☐ hot or cold holding   ☐ reheating for hot holding   ☐ cook to order   ☐ cook for hot holding
☐ prepare quantities in advance   ☐ serve/sell only pre-packaged potentially hazardous foods

The following items must be approved prior to the issuance of a permit:

Item/Question	Yes	No	Office Use Only
1. Water Source and Plumbing			
a. Is water source and system of sufficient capacity?	☐	☐	☐
b. Is waste retention tank at least 15% larger than the water supply tank?	☐	☐	☐
c. Potable water tank must be able to store a minimum of 15 gallons Size of water supply	☐	☐	☐
Size of water supply tank_____			
Size of waste retention tank _____			
d. Is water tank enclosed from the filling inlet to discharge outlet.	☐	☐	☐
e. Maintained in good repair*. No leaking, water draining in a sewage tank.	☐	☐	☐
f. Is unit maintained in such manner that prevents the spilling or splattering of grease, water, food, or trash on any public right-of-way where the unit will be serving?	☐	☐	☐
2. Hand Washing Sink.			
a. Is a hand sink provided?	☐	☐	☐
b. Does hand sink have a mixing valve?	☐	☐	☐
c. Does hand sink provide hot and cold running water under mechanical pressure?	☐	☐	☐
d. Does the hand sink provide hot water at a temperature of at least (100°F)?	☐	☐	☐
e. Is hand sink conveniently located and accessible for employees?	☐	☐	☐
f. Is hand sink supplied with hand cleanser/sanitary towels or hand-drying devices?	☐	☐	☐
g. Is a hand washing sign posted at hand sink?	☐	☐	☐
3. Three Compartment Sink			
a. Is a three-compartment sink provided?	☐	☐	☐
a. Is hot and cold water supplied to all three compartments of the sink?	☐	☐	☐
b. Are drain boards provided at the 3-compartment sink?	☐	☐	☐
c. Are the compartments of the 3-compartment sink sufficient in size so that the largest utensil or equipment can be fully submerged?	☐	☐	☐
4. Walls/Ceilings And Overhead Protection.			
a. Are walls and ceilings constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials?	☐	☐	☐
b. Is ceiling constructed so that all outer openings are protected and sealed?	☐	☐	☐
c. Is overhead protection provided and maintained in good repair?	☐	☐	☐
d. Does overhead protection cover all the unit's surfaces?	☐	☐	☐
5. Trash Receptacle			
a. Is a receptacle or waste handling unit provided on the mobile unit?	☐	☐	☐
6. Floors			
b. Are floor materials grease resistant, easily cleanable and in good repair?	☐	☐	☐
7. Unit Maintenance			
a. Is unit free of litter and unnecessary items?	☐	☐	☐
b. Is unit in good repair (no damage)?	☐	☐	☐
8. Toxic Materials			
a. Is storage location away from food and food related items?	☐	☐	☐
b. Proper labeling?	☐	☐	☐
c. Is a sanitizing test kit provided?	☐	☐	☐

9. Refrigeration\Freezer Units
   a. Do mechanical refrigerators hold potentially hazardous food at 41°F? ☐ ☐ ☐
   b. Does freezer hold food frozen? ☐ ☐ ☐
   c. Are coolers equipped with draining plugs? ☐ ☐ ☐

10. Hot Holding Units
   a. Do hot holding units hold foods at 135°F or above? ☐ ☐ ☐

11. Thermometers
   a. Are temperature measuring devices provided at all hot and cold holding units? ☐ ☐ ☐
   b. Is a metal stem food thermometer provided for operator? ☐ ☐ ☐
   c. Does thermometer scale read 0-200°F in 2-degree increments? ☐ ☐ ☐

12. Storage Areas
   a. Are shelves easily cleanable and properly constructed? ☐ ☐ ☐
   b. Is adequate shelving provided to store all items? ☐ ☐ ☐
   c. Are food-related items stored 6 inches above floor? ☐ ☐ ☐

13. Equipment
   a. Is permanent equipment properly sealed? ☐ ☐ ☐
   b. Is equipment properly spaced for easy cleaning? ☐ ☐ ☐
   c. Is all equipment attached to the unit and properly sealed? ☐ ☐ ☐

14. Food-Contact Surfaces
   a. Are all food-contact surfaces in good condition, properly constructed, smooth and easily cleanable? ☐ ☐ ☐
   b. Are all food-contact surfaces washed and sanitized to sight and touch? ☐ ☐ ☐

15. Nonfood-Contact Surfaces
   a. Are all nonfood-contact surfaces in good condition, properly constructed, smooth and easily cleanable? ☐ ☐ ☐
   b. Are all nonfood-contact surfaces clean to sight and touch? ☐ ☐ ☐

16. Ventilation
   a. Is hood system adequate? ☐ ☐ ☐
   b. Is hood system clean? ☐ ☐ ☐

17. Lighting
   a. Is adequate lighting provided over food prep, utensil washing, storage, and restroom areas? ☐ ☐ ☐
   b. Are all light fixtures properly shielded in food prep and storage areas? ☐ ☐ ☐

18. Demonstration Of Knowledge
   a. Does the person-in-charge have a certification in food handling? ☐ ☐ ☐
   b. Does person operating unit have a certification in food handling? ☐ ☐ ☐

19. Commissary
   a. Will unit be reporting to commissary at least once a day? ☐ ☐ ☐
   b. Is the commissary Health Permit in good status? ☐ ☐ ☐
   c. Does operator have access to commissary? ☐ ☐ ☐

20. Signage
   a. Is business name and mobile unit number plainly indicated on the exterior of the mobile unit? ☐ ☐ ☐
   b. Are the letters at least three inches high with a minimum width of 3/8 of an inch? ☐ ☐ ☐
   c. Do signs posted on the mobile unit promote a professional appearance? ☐ ☐ ☐

21. Personal Attire
   a. Are hair restraints provided for the pushcart employees?
      (Must be on cart at time of pre-opening inspection) ☐ ☐ ☐

22. Documents Stored On Unit

    a.   Is proof of current commissary agreement stored on the mobile unit?   ☐   ☐   ☐

    b.   Is the current commissary visit log stored on the mobile unit?   ☐   ☐   ☐

    c.   Are the current vending route sheets stored on the mobile unit?   ☐   ☐   ☐

In addition to this pre-opening checklist, mobile unit owner must provide the following prior to pre-opening inspection:
- ☐ Copy of Permit Holder's photo ID
- ☐ Approval agreement (includes written procedure for use) from a commissary owner.
- ☐ Copy of Federal Tax ID# letter
- ☐ Processing fee in the form of check or money order
- ☐ A commissary is limited to the Kansas City Metropolitan area.
- ☐ Copy of commissary health permit. (If commissary located outside KCMO)
- ☐ Copy of commissary last inspection. (If commissary located outside KCMO)
- ☐ Copy of typed Menu.

Questions/Comments:

_____
_____

List of locations where unit may serve:

_____ | _____

_____ | _____

It is advisable to purchase a copy of the Kansas City, MO Food Code Book to ensure compliance with our regulations. The cost is $15 and payable by check or money order to the "City Treasurer". The Kansas City, MO Food Code Book may also be viewed on our website at www.kcmo.org/health.

Fee Due (this section to be completed by inspector):		
Processing fee for all units and change of ownerships		$
Select type of operation (check only one)		
☐ TRUCK SALES VENDORS - (FROZEN FOOD TRUCK SALES)	(enter appropriate fee)	$
☐ MOBILE UNIT	(enter appropriate fee)	$
☐ ICE CREAM TRUCK	(enter appropriate fee)	$
	Total fees due:	

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL RENDER THIS APPLICATION AND ANY PERMIT ISSUED BASED ON FALSE INFORMATION INVALID.

I WILL COMPLY WITH THE REQUIREMENTS OF THE KCMO FOOD CODE AND UNDERSTAND THAT, IF APPROVED, MY FOOD ESTABLISHMENT PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THE ABOVE ORDINANCE (SEC 30-71 FOOD CODE ADOPTED).

IF APPROVED, I UNDERSTAND THAT FOOD ESTABLISHMENT PERMITS MAY NOT BE TRANSFERRED FROM ONE PERSON TO ANOTHER PERSON, FROM ONE LOCATION TO ANOTHER, OR FROM ONE TYPE OF OPERATION TO ANOTHER.
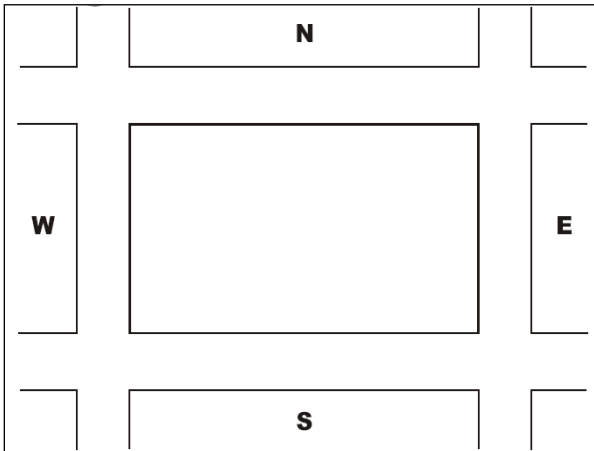
SIGNATURE:_____**TITLE:**_____

FOOD INSPECTOR (Print)**:**_____   **APPROVAL DATE**: _____

PAYMENTS: **Permit Fees are collected at time of pre-opening inspection upon approval and are accepted in the form of money order or check! <u>NO CASH ACCEPTED!</u> Make checks payable to: CITY TREASURER.**
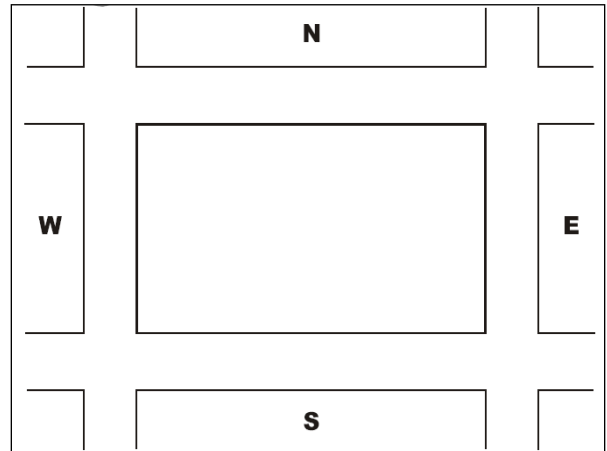
Location Map For Food Vending
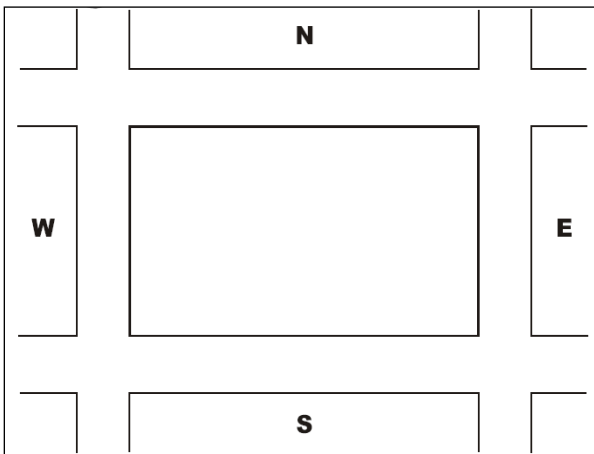
Please follow instructions:

1. Draw square in center block above to show pushcart location and the corner desired.
2. Label streets on all four sides of the block.
3. Show traffic flow direction.
4. Label each drawing with the priority number.
5. 5' minimum distance between cart and the closest fire hydrants.
6. 5' minimum distance between cart and the closest crosswalks
7. Draw square to show the building that the cart will be in front of or closest to, and list that address.
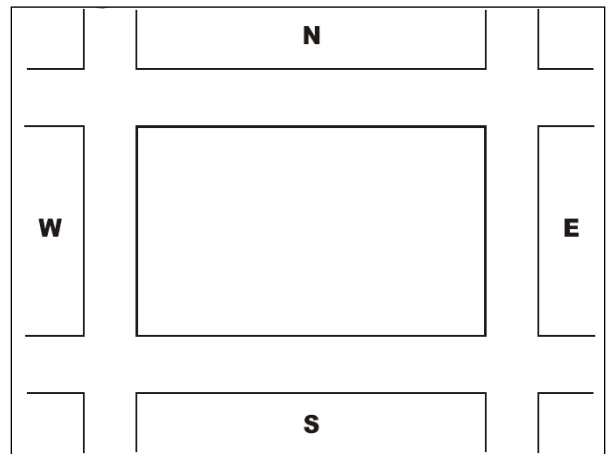

Priority # ___

Priority # ___

Priority # ___

Priority # ___

**NO CHANGES MAYBE MADE WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.

Establishment Name_____   Date   _____

Operator Name   _____   Operator Signature _____

Approved By   _____