



# KANSAS CITY, MISSOURI HEALTH DEPARTMENT

## FOOD PROTECTION PROGRAM

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[www.kcmo.org](http://www.kcmo.org)

### MOBILE UNIT FOOD PERMIT APPLICATION

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

(Office use only)

**PLEASE PRINT** and RETURN APPLICATION

PERMIT NO: \_\_\_\_\_

UNIT/VENDOR NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ MOBILE UNIT LICENSE PLATE NUMBER: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE: ( ) \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMMISSARY ADDRESS: \_\_\_\_\_

COMMISSARY PHONE: ( ) \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMMISSARY HOURS OF OPERATION: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Owner Information: (Please check one)  association  corporation  individual  partnership  other legal entity

#### 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:

- |                                      |                                      |                                     |   |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Hotdogs     | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Breakfast      |
| <input type="checkbox"/> Hamburgers  | <input type="checkbox"/> Chicken     | <input type="checkbox"/> Deli       | <input type="checkbox"/> Pre-packaged   |
| <input type="checkbox"/> Greek       | <input type="checkbox"/> BBQ         | <input type="checkbox"/> Mexican    | <input type="checkbox"/> Vegetarian     |
| <input type="checkbox"/> Pizza       | <input type="checkbox"/> Fish        | <input type="checkbox"/> Dessert    | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> 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  use time as a control  serve/sell only pre-packaged potentially hazardous foods

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

<u>Item/Question</u>	<u>Yes</u>	<u>No</u>	<u>Office Use Only</u>
<b>1. Water Source and Plumbing</b>			
a. Is water source and system of sufficient capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is waste retention tank at least 15% larger than the water supply tank? Size of water supply tank _____ Size of waste retention tank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is water tank enclosed from the filling inlet to discharge outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maintained in good repair*. No leaking, water draining in a sewage tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Hand Washing Sink.</b>			
a. Is a hand sink provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does hand sink have a mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does hand sink provide hot and cold running water under pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the hand sink provide hot water at a temperature of at least (110°F)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is hand sink conveniently located and accessible for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is hand sink supplied with hand cleanser/sanitary towels or hand-drying devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is a hand washing sign posted at hand sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Three Compartment Sink</b>			
a. Is a three-compartment sink provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is hot and cold water supplied to all three compartments of the sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are drain boards provided at the 3-compartment sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the compartments of the 3-compartment sink sufficient in size so that the largest utensil or equipment can be fully submerged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Walls/Ceilings And Overhead Protection.</b>			
a. Are walls and ceilings constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is ceiling constructed so that all outer openings are protected and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is overhead protection provided and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does overhead protection cover all the unit's surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Trash Receptacle</b>			
a. Is a receptacle or waste handling unit provided on the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Floors</b>			
b. Are floor materials grease resistant, easily cleanable and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Unit Maintenance</b>			
a. Is unit free of litter and unnecessary items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is unit in good repair (no damage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Toxic Materials</b>			
a. Is storage location away from food and food related items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Proper labeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is a sanitizing test kit provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Refrigeration\Freezer Units</b>			
a. Do refrigerators hold potentially hazardous food at 41°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does freezer hold food frozen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are coolers equipped with draining plugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Hot Holding Units			
a. Do hot holding units hold foods at 140°F or above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Thermometers			
a. Are temperature measuring devices provided at all hot and cold holding units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a metal stem food thermometer provided for operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does thermometer scale read 0-200°F in 2-degree increments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Storage Areas			
a. Are shelves easily cleanable and properly constructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is adequate shelving provided to store all items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are food-related items stored 6 inches above floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Equipment			
a. Is permanent equipment properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is equipment properly spaced for easy cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Food-Contact Surfaces			
a. Are all food-contact surfaces in good condition, properly constructed, smooth and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all food-contact surfaces washed and sanitized to sight and touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Nonfood-Contact Surfaces			
a. Are all nonfood-contact surfaces in good condition, properly constructed, smooth and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all nonfood-contact surfaces clean to sight and touch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Ventilation			
a. Is hood system adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is hood system clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Lighting			
a. Is adequate lighting provided over food prep, utensil washing, storage, and restroom areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all light fixtures properly shielded in food prep and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstration Of Knowledge			
a. Does the person-in-charge have a certification in food handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does person operating unit have basic knowledge of food safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Commissary			
a. Will unit be reporting to commissary at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the commissary Health Permit in good status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does operator have access to commissary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Signage			
a. Is business name and mobile unit number plainly indicated on the exterior of the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the letters at least three inches high with a minimum width of 3/8 of an inch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do signs posted on the mobile unit promote a professional appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Personal Attire			
a. Are hair restraints provided for the pushcart employees? (Must be on cart at time of pre-opening inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Documents Stored On Unit			
a. Is proof of current commissary agreement stored on the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the current commissary visit log stored on the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the current vending route sheets stored on the mobile unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In addition to this pre-opening checklist, mobile unit owner must provide the following prior to pre-opening inspection:**

- Approval agreement (includes written procedure for use) from a commissary owner.
- Copy of commissary health permit. (If commissary located outside KCMO)
- Copy of commissary last inspection. (If commissary located outside KCMO)
- Copy of Menu.

Questions/Comments:

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List of locations where unit may serve:

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*It is advisable to purchase a copy of the 1999 Kansas City, MO Food Code Book to ensure compliance with our regulations. The cost is \$7 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](http://www.kcmo.org).*

**FEE SCHEDULE:**

**TRUCK SALES VENDORS- (FROZEN FOOD TRUCK SALES) \$205.00**

If you have a new establishment or a change of ownership, you **must also** pay a processing fee of **\$50.00**.

**MOBILE UNIT                      \$140.00**

Permit issued upon inspection of unit

If you have a new Mobile/Pushcart or a change of ownership, you **must also** pay a processing fee of **\$25.00**.

**ICE CREAM TRUCK        \$25.00 (PRE-PACKAGED ITEMS ONLY)**

**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 1999 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: \_\_\_\_\_**

**PAYMENTS:        Permit Fees are collected at time of pre-opening inspection upon approval and are accepted in the form of money order or check! NO CASH ACCEPTED!  
Make checks payable to: CITY TREASURER.**

**\*\*\*FEE CHARGED ON ALL RETURNED CHECKS.**

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**\*\*OFFICE USE ONLY\*\***

**AMOUNT RECEIVED: \_\_\_\_\_ PERMIT ISSUE DATE: \_\_\_\_\_**  
**APPROVED BY INSPECTOR: \_\_\_\_\_ APPLICATION PROCESSED BY \_\_\_\_\_**

## 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.

	<b>N</b>			
<b>W</b>				<b>E</b>
	<b>S</b>			

Priority # \_\_\_

	<b>N</b>			
<b>W</b>				<b>E</b>
	<b>S</b>			

Priority # \_\_\_

	<b>N</b>			
<b>W</b>				<b>E</b>
	<b>S</b>			

Priority # \_\_\_

	<b>N</b>			
<b>W</b>				<b>E</b>
	<b>S</b>			

Priority # \_\_\_

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

Establishment Name \_\_\_\_\_

Date \_\_\_\_\_

Operator Name \_\_\_\_\_

Operator Signature \_\_\_\_\_

Approved By \_\_\_\_\_