



KANSAS CITY, MISSOURI HEALTH DEPARTMENT

FOOD PROTECTION PROGRAM

2400 Troost Ave, Suite 3000

Kansas City, Missouri 64108

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www.kcmo.org

PUSHCART FOOD PERMIT APPLICATION

DATE: _____

(Office use only)

PLEASE PRINT and RETURN APPLICATION

PERMIT NO: _____

UNIT/VENDOR NAME: _____

OWNER NAME: _____

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 operation of the food establishment.)

FOOD TO BE SERVED:

Please check one or more of the boxes to indicate your cuisine type:

Hotdogs

Pretzels/Baked Goods

Snow Cones

Coffee/Espresso

Polish Sausage

Other: _____

Pre-packaged items from commissary, please list: _____

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>
1. Water Source and Plumbing			
a. Does the water source and system have sufficient capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a quick disconnect coupler provided for both waste water and potable water systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all connections to the waste disposal facilities different in size or type than those used for supplying potable water to the pushcart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the waste connection located lower than the potable water faucet connection to preclude contamination of the potable water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the potable water tank permanently installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the potable water tank able to store a minimum of 5 gallons? Size of water supply tank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the wastewater tank permanently installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is the wastewater tank able to store a minimum of 15% more fluid than provided from the potable water tank? Size of waste water tank _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Does the wastewater tank contain at least one drain fitting with a minimum ratio of a ½ inch (12.7mm) in diameter per foot in width located at the lowest point in the tank to allow for drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Is water tank enclosed from the filling inlet to discharge outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Does the bottom of the waste tank slope at least ½ inch (12.7mm) per foot to the drain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Do the tanks have at least one fill connection located on the top or at a higher point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Is the unit maintained in good repair*. (With No Leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Is unit maintained in such manner that prevent 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"/>
2. Hand washing sink.			
a. Is a hand-washing sink with a minimum size of 9" x 9" x 5" deep provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is (are) 12" high water proof splashguard(s) provided between the hand-washing sink and food prep area(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does hand-washing sink have a mixing valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does hand-washing sink provide hot and cold running water under pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the unit have a water heating system that provides a continuous supply of hot water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the hand-washing sink provide hot water at a temperature of at least (110°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is hand-washing sink located on the same side of the cart as food preparation area and accessible to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is hand-washing sink supplied with soap and paper towels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is a hand-washing sign posted at hand-washing sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overhead protection.			
a. Is overhead protection provided and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does overhead protection cover all cart surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Waste Receptacles			
a. Is a receptacle or waste container provided and attached to unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the waste receptacle or waste container have a tight fitting lid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Unit Maintenance			
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"/>
8. Toxic materials			
a. Is storage location away from food and food related items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are toxic materials properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Cooling units
- a. Does cold holding unit hold potentially hazardous food at 41°F or below?
 - b. Are coolers equipped with draining plugs?
 - c. Are coolers attached to unit?
 - d. Are ice packs, dry ice, or other approved methods being used for cold holding of potentially hazardous and/or ready to eat food?
 - e. Is ice used for consumption separated from ice used for cooling of canned or bottled beverages?
10. Hot holding units
- a. Do hot holding units hold foods at 140°F or above?
 - b. Are hot holding units powered by electricity or fueled by propane?
11. Thermometers
- a. Are temperature measuring devices provided at all hot and cold holding units?
 - b. Is a metal stem thermometer provided for operator?
 - c. Does the thermometer scale read from 0-220°F in 2-degree increments?
12. Equipment
- a. Is all equipment attached to the unit and properly sealed?
 - b. Is equipment properly spaced for easy cleaning?
 - c. Is a sanitizing test kit provided?
 - d. Is a fire extinguisher provided?
13. Food-contact surfaces
- a. Are all food-contact surfaces in good condition, properly constructed, non-absorbent, smooth and easily cleanable?
 - b. Are all food-contact surfaces washed and sanitized to sight and touch?
 - c. Are all food-contact surfaces constructed from an approved material?
14. Nonfood-contact surfaces
- a. Are all nonfood-contact surfaces in good condition?
 - b. Are all nonfood-contact surfaces smooth, corrosion resistant, non-toxic, stable, and non-absorbent?
 - c. Are all nonfood-contact surfaces clean to sight and touch?
 - d. Are all nonfood-contact surfaces constructed from an approved material?
15. Demonstration of knowledge
- a. Does the person in charge have a certification in food handling?
 - b. Does person operating the unit have basic knowledge of food safety?
 - c. Does person operating the unit know how to use the sanitizer test strips?
 - d. Can the person operating the unit identify the nearest restroom to the operating location?
16. Commissary
- a. Does operator have a signed commissary usage agreement?
 - b. Is the commissary's permit current and in good status?
 - c. Will unit be reporting to commissary on a daily basis? (At least once per day)
 - d. Is the commissary accessible to the operator?
17. Documents stored on cart
- a. Is proof of current commissary agreement stored on the cart?
 - b. Is the current commissary visit log stored on the cart?
 - c. Is a copy of the menu approved by the KCMO Health Department stored on the cart?
 - d. Are the current vending route sheets stored on the cart?

18. Signage

- a. Is business name and pushcart number plainly indicated on the exterior of the pushcart?
- 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 pushcart promote a professional appearance?

19. Personal Attire

- d. Are aprons provided for pushcart employees?
(Must be on cart at time of pre-opening inspection)
- e. Are hair restraints provided for the pushcart employees?
(Must be on cart at time of pre-opening inspection)

In addition to this application, the following must be submitted prior to scheduling the pre-opening inspection:

- Approval agreement (includes written procedures 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:

List of locations where unit may serve:

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.

FEE SCHEDULE:

PUSHCART \$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 CART \$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.**

****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.

	N	
W		E
	S	

Priority # ___

	N	
W		E
	S	

Priority # ___

	N	
W		E
	S	

Priority # ___

	N	
W		E
	S	

Priority # ___

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

Establishment Name _____

Date _____

Operator Name _____

Operator Signature _____

Approved By _____