



# Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483  
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

## MOBILE FOOD SERVICE ESTABLISHMENT PLAN REVIEW FEE FORM

This Form Must Be Completed and the Plan Review Fee Paid (\$100)  
Prior to Plan Review

Name of Mobile Establishment: \_\_\_\_\_  
(Please Print)

Address of Mobile Establishment: \_\_\_\_\_  
\_\_\_\_\_

Owner/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ License Plate # \_\_\_\_\_

Date of Planned Opening: \_\_\_\_\_

Type of Vendor (check):  Towed/Pushcart  Self-contained kitchen

Hours of Operation: Sunday \_\_\_\_\_ Thursday \_\_\_\_\_  
Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Event based

Sewage Disposal:  Sewer  Septic System

Water Source:  Public  Well (submit last water analysis)

**Food cooked or prepared at a licensed food establishment, provide the following information:**

Name of the establishment: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Submit a valid food service license issued by their local health department and a copy of a recent food service inspection. A **letter of authorization from the owner** must be submitted stating you have authorization to use establishment.

**Please contact the Police Department for a vendor's permit in the town/city where the cart will be located. A copy of the vendor's permit must be included with this application. Town/City Hall sign off and approval is required.**

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### FOR OFFICE USE ONLY

Date Fee Paid: \_\_\_\_\_ Amount: \_\_\_\_\_  Check  Cash  Credit Card Receipt #: \_\_\_\_\_



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**MOBILE FOOD SERVICE PLAN REVIEW**  
**PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE PROCEEDING**

Please review and complete the attached plan review application, submit all required documents and the plan review application fee to NVHD.

1. Plans must be complete, to scale (¼" = 1 ft.), and must include the following information:
  - a. Equipment layout *Photos may also be submitted along with the floor plan.*
  - b. Equipment list by manufacturer and model number (commercial grade NSF approved or equal).
  - c. Manufacturer specification sheets.
2. Submit copy of a proposed menu and/or all food items being sold. *A consumer advisory along with disclosure must be included on the menu when applicable.*
3. Class 2, 3 or 4 food establishments must have a Certified Food Protection Manager (CFPM) with **a current (not expired) certificate** on the premises at least 30 hours per week (submit copy of certificate). Information on how to obtain a CFPM certificate is available from the NVHD office or on the State Health Department website [www.ct.gov/dph](http://www.ct.gov/dph). **You will not be allowed to open your establishment without fulfilling this requirement.**
4. Preparing baked goods from scratch (cake, cookies, bread, pizza crust, donuts etc.) requires a bakery license from the Department of Consumer Protection (DCP). Soft serve dessert (ice cream) machine also needs a license from DCP (860) 713-6160.
5. All food must be prepared and stored on the mobile unit or in a licensed kitchen. If the licensed kitchen is outside of NVHD, a copy of the food license and the most recent inspection report must be submitted along with this application. **No home cooking, preparation or storage of food is allowed in an unlicensed kitchen.**
6. If the licensed kitchen is not under the ownership of the mobile vendor applicant a signed statement from the owner must be provided stating that he or she is granting approval to the applicant that he or she is allowing use of the licensed kitchen for cooking, preparation, and storage of all food.
7. You will be notified in writing after your plans are reviewed and approved.
8. A completed application for a Food Establishment Permit must be submitted to the Health District with the appropriate fee before you can obtain a license.

**Any changes made to the floor plan, finish list, layout of equipment, or to the equipment list must be approved in advance by the Health District**

**NAUGATUCK VALLEY HEALTH DISTRICT**

*MOBILE FOOD ESTABLISHMENT PLANS & SPECIFICATIONS REVIEW APPLICATION & APPROVAL*

**FOOD PREPARATION:**

1. Certified Food Protection Manager (CFPM) is required for all Class 2, 3 or 4 establishments. Provide a copy of all certificates.
  - ✓ A designated alternate person is required when the CFPM is not present (form attached).
  - ✓ All non-CFPM are required to have onsite training (form attached).
  - ✓ CFPM must maintain written documentation of designated alternate and training records of individual employees and make these records available to the local health department upon request.
2. Please describe your policy for food workers who are sick or have infected cuts and lesions.

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Note: Any employee with vomiting/diarrhea must be excluded for 72 hours from the last symptom.

3.  Disposable gloves,  utensils and/or food grade paper must be used to minimize handling of ready-to-eat foods. \*Latex gloves are not allowed.
4. Produce must be washed prior to use.  
**Separate** food preparation sink with indirect drain provided (air gap)?  yes  no
5. A probe thermometer must be available to check internal cooking temperatures, monitor cooling and reheating of foods.
6. All foods are from an approved source (FDA, USDA, etc.)  yes  no
7. Identify where foods will be:
  - Stored**            Licensed kitchen    On unit
  - Cooked**        Licensed kitchen    On unit
  - Prepared**      Licensed kitchen    On unit
8. If **thawing** food check which methods will be used.
  - Under refrigeration    Under cold (<70°F) running water    Part of the cooking process
9. **Cooling** requirements are 135°F to 70°F within 2 hours and 70°F to 41°F within an additional 4 hours. Indicate which foods (if any) will be cooled prior to service.

<b>Cooling Method</b>	Thick meats	Thin meats	Whole roasts	Sauces	Soups	Thick stews	Rice/pasta	Casseroles	Other
Shallow pans									
Ice bath									
Reduce size/vol									

10. **Reheating** of potentially hazardous foods. Describe the procedure you will use to reheat PHF for hot holding (after the food was already cooked and properly cooled) and how you will verify that all parts of the item reach a temperature of 165°F or above for 15 seconds within 2 hours:

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## **SANITIZING OF EQUIPMENT AND UTENSILS**

A 3-compartment sink is required. Sink compartments must be large enough to submerge the largest piece of equipment or utensil used. Must be NSF approved or equal, a single unit and be constructed of stainless steel with stainless steel legs.

Size of each compartment: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Type of sanitizer:  Chlorine/bleach (50-100ppm)  QUAT (200-400ppm)

Test strips on site:  yes  no

Where will sanitizing of utensils and/or equipment take place?  Licensed kitchen  On unit

## **HANDWASHING FACILITIES** \*Must be NSF approved, stainless steel, stand alone and wall mounted.

All handwashing facilities provided with hot and cold water under pressure.

Each handwashing facility provided with soap and sanitary toweling or hand drying device.

## **DESIGN, CONSTRUCTION, AND INSTALLATION OF EQUIPMENT**

All equipment and utensils meet National Sanitation Foundation (NSF) standards or equivalent.

Floor-mounted equipment, unless readily movable (on casters), sealed to floor, or installed on raised platforms of concrete or masonry, or elevated at least six (6") inches above floor. Gas connections on movable equipment must have flexible reinforced approved gas pipe.  yes  no

All floor-mounted equipment and the space between adjoining units, and between a unit and an adjacent wall, must be either closed or sealed if exposed to seepage, or provide sufficient space to facilitate easy cleaning between, behind, and beside equipment.  yes  no

**USE OF WOOD IN FOOD PREPARATION AREAS IS PROHIBITED.**

## **STORAGE AND HANDLING OF EQUIPMENT AND UTENSILS**

All utensils and equipment must be stored at least 6" off the floor: clean, dry, and protected. No exposed wood.

## **HOT/COLD FOOD HOLDING UNITS**

Must be capable of holding foods at 135°F or more or 41°F or less. (Meets NSF Standard #7).

All hot and cold holding and/or storage units must be provided with accurate, numerically scaled thermometers.

If food is transferred to another location, food must be protected from contamination and held at proper holding temperature. List equipment, if applicable \_\_\_\_\_.

## **CHEMICAL STORAGE**

All toxic and poisonous materials, including cleaning chemicals and sanitizers, must be stored physically separate from food and utensils. Self-applied insecticides and rodenticides are prohibited.

## **DOORS AND WINDOWS**

All outside openings must be tight-fitting to exclude the entrance of insects and rodents.

Openable windows: Screened \_\_\_\_\_ Air Curtain \_\_\_\_\_ Self-Closing \_\_\_\_\_

Outside doors: Screened: \_\_\_\_\_ Air Curtain \_\_\_\_\_ Self-Closing \_\_\_\_\_

**LIGHTING REQUIREMENTS**

20-foot candles of light are required inside all equipment including reach-in and under-counter refrigerators; and at 30 inches above the floor in areas used for handwashing, ware-washing and equipment and utensil storage.

Yes  No

Protective shielding for all light fixtures in food preparation, utensil and equipment washing areas, and other areas where food is stored or displayed (shatter-proof bulbs may be substituted).  yes  no

**VENTILATION**

- Ventilation must be adequate to keep reasonably free from excessive heat, steam, condensation, vapors, and fumes.
- Ventilation hoods and devices must be designed to prevent grease or condensation from dripping out of the hood or device.
- Ventilation system filters must be readily removable for cleaning.

Fire prevention or extinguishing equipment must be installed so that it does not create cleaning problem or compromise the integrity or original design of hood.  yes  no

**WATER & WASTE DISPOSAL**

Units must be equipped with hot/cold running potable water. Food grade watertight hold tank for portable water supply. Storage tank capacity \_\_\_\_\_ gallons.

**Hot water heater:**

Make \_\_\_\_\_ Model: \_\_\_\_\_

Recovery Rate: \_\_\_\_\_

Where will waste water be disposed of \_\_\_\_\_.

\*CANNOT be disposed of into storm drains, onto ground surface or into waterways

If applicable, where will grease be disposed of \_\_\_\_\_.

**GARBAGE DISPOSAL AND STORAGE**

Provide adequate number of non-absorbent, easily cleanable garbage containers.  Yes  No

**FLOORS/WALLS/CEILINGS**

Must be commercial grade smooth, impervious, non-absorbent, light colored and easily cleanable.

Describe material used for:

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceilings \_\_\_\_\_

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health District may nullify an approval.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or responsible representative)

Approval of these plans and specifications by the Health District **does not** indicate compliance with any other code, law or regulation that may be required (federal, state, or local). It further does not constitute endorsement of the completed establishment (structure or equipment). A pre-operational inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishment.

