



In cooperation with the  
State Department of Health

## HENRICO COUNTY HEALTH DEPARTMENT

8600 DIXON POWERS DRIVE  
P.O. Box 90775  
HENRICO, VIRGINIA 23273-0775



To: Persons Applying for a Mobile Foodservice Permit  
From: Henrico County Health Department Food Team  
Re: Mobile Foodservice Plan Review

Mobile food unit is defined as a food establishment mounted on wheels (excluding boats in the water) readily moveable from place to place at all times during operation and shall include, but not be limited to, pushcarts, trailers, trucks, or vans. The unit, all operations and all equipment must be integral to and be within or attached to the unit.

The Virginia Food Regulations require the submission of plans for review and approval prior to “the construction of a food establishment; the conversion of an existing structure for use as a food establishment; or the remodeling of a food establishment...” (12 VAC 5-421-3600). The fees are \$40.00 for foodservice plan review and \$40.00 for foodservice permit application/issuance. Foodservice plan review fees are not refundable.

The Application for Mobile Foodservice Plan Review has been developed to assist permit applicants or permit holders in submitting the required information for plan review and approval. Submission of the application may also help avoid potential problems with design, installation and construction.

If you have questions about the review process or wish to schedule a plan review conference please contact the Henrico County Health Department at (804) 501-4529.

### **Specific Instructions to Applicants:**

1. Fill out the Application for Mobile Foodservice Plan Review.
2. Fill out the Application for a Department of Health Food Establishment Permit.
3. Provide the following:
  - A. Floor plan with equipment identified. Include photos if possible.
  - B. Plumbing plan with tank sizes
  - C. Finish Schedule (A description of construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops)
  - D. Lighting plan.
4. Include proposed menu. Note: The available equipment may dictate restrictions on the type of food prepared.
5. Include Letter of agreement for proposed Commissary.
6. Keep copy for personal records.
7. Submit to Henrico County Health Department with applicable fees for review.
8. Applicant is responsible for obtaining any required approvals from other agencies, such as Fire Department, Planning & Zoning, Business License, and the Department of Motor Vehicle registration/license, as applicable.

# Application for Mobile Foodservice Plan Review

## Virginia Department of Health Henrico County Health Department

Date: \_\_\_\_\_ New \_\_\_ Remodel \_\_\_

Proposed Business Name: \_\_\_\_\_

Category: Mobile \_\_\_ Pushcart \_\_\_

Has this mobile been previously licensed? \_\_\_ If yes, previous business name \_\_\_\_\_

Vehicle Identification Number (VIN) \_\_\_\_\_

License Plate \_\_\_\_\_

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Name of Owner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Commissary Facility** Name and Address: \_\_\_\_\_

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When will your mobile unit operate? Year round \_\_\_ Partial year \_\_\_\_\_

Hours of Operation: Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_  
Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

Where do you intend to set up to sell food? \_\_\_\_\_

Where will unit be parked? \_\_\_\_\_

Number of Staff: \_\_\_\_\_ (Maximum per shift)

Certified Food Manager: \_\_\_\_\_

Total Square Feet of Facility: \_\_\_\_\_

Maximum Meals to be served: Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Mobile food establishments shall comply with the applicable requirements in the Virginia Food Regulations. These regulations may be obtained at <http://henrico.us/health/environmental-health/>. Please review specific mobile water and waste tank requirements in Sections 12 VAC5-421-2360 to 2580.

1. What is the source of potable (drinking) water for use on the unit? Describe how water will be transported to the unit. \_\_\_\_\_
2. What is the size of the fresh water storage tank? \_\_\_\_\_
3. Is the water tank and its inlet and outlet sloped to drain? \_\_\_\_\_
4. Is the water tank inlet three-fourths inch (19.12 mm) in inner diameter or less? \_\_\_\_\_
5. Are the water inlet, outlet and hose protected? \_\_\_\_\_
6. Is a potable water (food grade) hose available for filling potable water tank? \_\_\_\_\_
7. Where will this hose be stored? \_\_\_\_\_
8. How will your water supply hose, water pipes and water storage tank(s) be disinfected?  
\_\_\_\_\_
9. Is the water tank inlet provided with a host connection of a size or type that will prevent its use for any other service? \_\_\_\_\_
10. How will wastewater be removed from the unit? Describe how wastewater will be transported from the unit to the approved wastewater disposal location. \_\_\_\_\_  
\_\_\_\_\_
11. What is the size of your wastewater storage tank? **NOTE:** Wastewater tank must be sized a minimum of 15% larger than the potable water tank. \_\_\_\_\_
12. List all menu items (including condiments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. List sources for all foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Describe how foods will be prepared and/or cooked \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. List all equipment (refrigerators, freezers, grills, stoves, fryers, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Describe ventilation \_\_\_\_\_  
\_\_\_\_\_
17. How will foods remain cold (<41°F)? \_\_\_\_\_  
\_\_\_\_\_
18. How will foods be held hot (>135°F)? \_\_\_\_\_  
\_\_\_\_\_

19. Will foods be cooled? (The best way may not be on your mobile unit.)  
\_\_\_\_\_
20. What is the power source for the mobile unit? \_\_\_\_\_
21. Describe how foods will be transported to and from the unit and how temperatures will be maintained during transit. \_\_\_\_\_  
\_\_\_\_\_
22. What type of handwashing system will be installed on the unit? \_\_\_\_\_
23. How will hot water (>100°F for handwashing, >110°F for warewashing) be provided? \_\_\_\_\_  
\_\_\_\_\_
24. Will you have hand soap and hand towels available at the handsink? \_\_\_\_\_
25. Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods? \_\_\_\_\_
26. How and where will dishes and utensils be washed, rinsed and sanitized? \_\_\_\_\_
27. What type of chemical sanitizer will be used? \_\_\_\_\_
28. Will sanitizer test strips be available? \_\_\_\_\_
29. Will a food thermometer be available? \_\_\_\_\_ Will thermometers be available in each cold holding unit? \_\_\_\_\_
30. Describe how garbage will be stored and where it will be thrown away. \_\_\_\_\_  
\_\_\_\_\_
31. What method(s) of insect and rodent control will be used in your unit? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Describe the type of overhead protection (ceiling, awning, umbrella, etc.) \_\_\_\_\_  
\_\_\_\_\_
33. Where will the unit be cleaned? \_\_\_\_\_

**Indicate which construction materials will be used in the unit for the following areas:**

Floor \_\_\_\_\_  
 Walls \_\_\_\_\_  
 Ceiling \_\_\_\_\_  
 Countertops \_\_\_\_\_

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

Signature(s): \_\_\_\_\_  
 \_\_\_\_\_

Owner or responsible representative(s)

Date: \_\_\_\_\_

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Approval of these plans and specifications by this Health Department 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 or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments. Plan review fees are not refundable.

<b>For Official Use:</b> EHS: _____ Date: _____
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Commonwealth of Virginia



Application for A Department of Health Food Establishment Permit

Application for a: \_\_\_ New Establishment \_\_\_ Renewal \_\_\_ Name Change \_\_\_ Change of Owner

Application for a: \_\_\_ Restaurant \_\_\_ Bed & Breakfast \_\_\_ Day Care \_\_\_ Adult Home \_\_\_ Mobile Unit

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Location: \_\_\_\_\_ Fax: \_\_\_\_\_

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

\_\_\_\_\_

Establishment Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Establishment Owner Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Establishment owner is a/an: \_\_\_ Association \_\_\_ Corporation \_\_\_ Individual \_\_\_ Partnership \_\_\_ Other

Name, title, address & telephone number of persons comprising the legal ownership (Attach list if necessary):

\_\_\_\_\_

\_\_\_\_\_

Establishment Operator Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Establishment Operator Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Local registered agent (if required):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Person directly responsible for the establishment:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Immediate supervisor of person directly responsible for the establishment:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

Will this be a: ( ) Stationary facility or ( ) Mobile Unit ?

**Will this facility (choose Yes or No):**

1. Prepare, offer for sale, or serve food that is moist, protein rich (i.e. meat, dairy, seafood, poultry):
  - a. Only when a customer orders the food? Yes / No
  - b. In large quantities to serve later? Yes / No
  - c. Place food out at normal room temperature for a set period of time? Yes / No
2. Offer food on the menu that takes two or more steps to process which could include thawing, cooking, freezing, re-heating, etc? Yes / No
3. Prepare food as in #2 for transport to a distant location? (catering) Yes / No
4. Prepare food only for children, the elderly, or persons who are immunocompromised? Yes / No
5. Prepare only food that is not moist, protein rich and does not promote bacteria growth? Yes / No

Seating Capacity: \_\_\_\_\_

Water Supply: Public Yes / No Private-Type(i.e. well)\_\_\_\_\_

Waste Water Handling: Public Yes / No Private-Type\_\_\_\_\_

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only** Approved: Yes / No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**COMMISSARY LETTER**

MAILING ADDRESS:  
Henrico Health Department  
8600 Dixon Powers Drive  
P.O. Box 90775  
Henrico, VA 23273-0775

Phone: 804-501-4529  
Fax: 804-501-4983

This letter is to certify that: \_\_\_\_\_ shall report at least daily to my commissary or depot for any necessary food preparation, food storage, and disposal of trash and food/water waste. If necessary, the vehicle, trailer, or cart will also be stored on my premises during non-operating hours.

Vendor Check One:

Vehicle     Trailer     Cart    License Plate Number: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

\_\_\_\_\_  
Commissary Owner (Printed)                      Date

\_\_\_\_\_  
Commissary Owner (Signature)                      Date

Vendor:

I hereby certify that I will use no unlicensed facility in my business activities. I understand and agree that if for any reason, the health permit of my commissary is revoked or suspended, that my permit to operate will also be revoked or suspended.

\_\_\_\_\_  
Signature of Vendor Owner                      Date