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) 501-4530.

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_____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Commissary Facility Name and Address: _____

_____

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.

For Official Use: EHS: _____ Date:_____

4/21/2026