

Mobile Food Unit Plan Review Checklist

(for mobiles currently permitted in King or Pierce County)

Facility name _____

This checklist will help you prepare a complete plan review packet. Submit the completed plan review packet and checklist. Incomplete plan review packets will not be accepted.

		ITEM	DESCRIPTION	Office Use Only
				<i>Intake</i>
✓	1	Annual permit application	Provide complete annual food establishment permit application.	
	2	Current permit	Provide copy of current annual operating permit from Public Health—Seattle King County or Tacoma-Pierce County Health Department.	
	3	Plan Review approval letter	Provide copy of plan review approval letter issued by Public Health—Seattle King County or Tacoma-Pierce County Health Department.	
	4	Most recent inspection report	Provide copy of most recent food safety inspection report.	
	4	Floor plan or interior photos	Provide copy of approved floor plan of the mobile unit, or interior photos.	
	5	Photo of vehicle	Provide a photo of the outside of the mobile vehicle.	
	5	Equipment list	Provide make and model numbers of all equipment (including countertop appliances). Only commercial grade, National Sanitation Foundation (NSF) or equivalent, equipment is acceptable.	
	6	Menus	Provide the approved menu of all the food and beverages.	
	9	Food preparation steps	Provide a description of how each menu item will be prepared. Include preparation steps both at the commissary and on the mobile unit.	
	11	Commissary agreement letter	Provide a complete commissary agreement letter with a food service establishment permitted in Snohomish County. Hours of operation of the commissary must be the same as the mobile unit's hours of operation, or the mobile unit's operator and his/her employees must have keyed access to the commissary. Commissary must provide adequate refrigeration storage, dry storage, restroom use, 3-compartment sink, handwashing facilities, mop sink, and if required by menu, vegetable prep sink and/or meat prep sink.	
	12	Restroom agreement letter	Provide a complete restroom agreement letter only if mobile unit will serving from a single site longer than 1 hour. Restrooms may not be in residential homes, and must be within 200 feet, without crossing any major streets or intersections. Multiple agreement letters may be needed.	
	13	Itinerary	Provide sales itinerary. For each location, include address, business name (if applicable), day(s) of operation, arrival and departure times.	

I understand I cannot open this food establishment until I have received written approval from this program, obtained all annual operating permits and have been inspected and approved by all applicable city, county and state agencies.

Signature/Title _____ **Date** _____