



PLATTE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
212 Marshall Road Platte City, MO 64079  
Phone: (816) 858-2412 Fax: (816) 858-2087  
Email: [Food@plattehealth.com](mailto:Food@plattehealth.com)  
[www.plattecountyhealthdept.com](http://www.plattecountyhealthdept.com)

OFFICE USE ONLY	
Permit #: _____	Issue Date: _____
Rec'd by: _____	Date: _____
Amount: _____	Check#: _____

## Mobile Food Unit Permit Application

### Instructions:

- Return completed application at least 14 days prior to planned opening date
- Permit fee is due at time of application
- Pre-opening inspection does not guarantee a permit will be issued

**PLEASE NOTE:** Filling out this application does **NOT** guarantee you permission to operate. You **MUST** contact the Platte County Health Department and schedule an inspection in order to complete this application process.

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

Applicant Name: \_\_\_\_\_  
(Applicant must be owner or an officer of the Legal Ownership of the Mobile Food Unit)

Date of Birth: \_\_\_\_\_

### Mobile Food Unit Information

UNIT/VENDOR NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_ MOBILE UNIT LICENSE PLATE #: \_\_\_\_\_

TYPE OF MOBILE UNIT (CHECK ONE): Mobile Unit  Annual Temporary Establishment

Truck Sales Vendors – (Frozen Food Truck Sales)

### Ownership Information

OWNERSHIP TYPE (CHECK ONE): Individual  Partnership  LLC  Corporation  Tax-Exempt Entity

OWNER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER E-MAIL: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_ OWNER FAX: \_\_\_\_\_

COMMISSARY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMMISSARY PHONE: \_\_\_\_\_ COMMISSARY FAX: \_\_\_\_\_

COMMISSARY HOURS OF OPERATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON-IN-CHARGE (PLEASE PRINT): \_\_\_\_\_

Has the person-in-charge completed a food safety course? Yes  No

**FOOD TO BE SERVED:**

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

- |                                      |                                      |                                     |   |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Hotdogs     | <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Coffee/Tea | <input type="checkbox"/> Breakfast      |
| <input type="checkbox"/> Hamburgers  | <input type="checkbox"/> Chicken     | <input type="checkbox"/> Deli       | <input type="checkbox"/> Pre-packaged   |
| <input type="checkbox"/> Greek       | <input type="checkbox"/> BBQ         | <input type="checkbox"/> Mexican    | <input type="checkbox"/> Vegetarian     |
| <input type="checkbox"/> Pizza       | <input type="checkbox"/> Fish        | <input type="checkbox"/> Dessert    | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Other _____ |                                      |                                     |   |

Do you prepare or serve potentially hazardous/TCS foods using any of the following methods? (Please check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Thaw frozen product                                      | <input type="checkbox"/> Hot or cold holding  | <input type="checkbox"/> Reheating for hot holding     |
| <input type="checkbox"/> Cook to order  | <input type="checkbox"/> Cook for hot holding | <input type="checkbox"/> Prepare quantities in advance |
| <input type="checkbox"/> Serve/sell only pre-packaged potentially hazardous foods |   |  |

The following items must be approved prior to issuance of a permit:

**Items/Questions**

1. Water Source and Plumbing

- |  |   |
|--|---|
| a. Is water source and system of sufficient capacity?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. Is waste retention tank at least 15% larger than the water supply tank?   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. Potable water tank must be able to store a minimum of 15 gallons  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Size of water supply tank _____  |   |
| Size of waste retention tank _____   |   |
| d. Is water tank enclosed from the filling inlet to discharge outlet?  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| e. Maintained in good repair   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| f. Is unit maintained in such manner that prevents the spilling or splattering of grease, water, food, or trash on any public right-of-way where the unit will be serving? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

2. Hand Washing Sink

- |  |   |
|--|---|
| a. Is a hand sink provided?            | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. Does hand sink have a mixing valve? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

- c. Does hand sink provide hot and cold running water under mechanical pressure? Yes  No  N/A
- d. Does the hand sink provide hot water at a temperature of at least 100°F? Yes  No  N/A
- e. Is hand sink conveniently located and accessible for employees? Yes  No  N/A
- f. Is hand sink supplied with hand cleanser/sanitary towels or hand-drying devices? Yes  No  N/A
- g. Is a hand washing sign posted at hand sink? Yes  No  N/A
3. Three Compartment Sink
- a. Is a three-compartment sink provided? Yes  No  N/A
- b. Is hot and cold water supplied to all three compartments of the sink? Yes  No  N/A
- c. Are the compartments of the 3-compartment sink sufficient in size so that the largest utensil or equipment can be fully submerged? Yes  No  N/A
4. Walls/Ceilings And Overhead Protection
- a. Are walls and ceilings constructed or painted of light color, smooth and easily cleanable, nonabsorbent materials? Yes  No  N/A
- b. Is ceiling constructed so that all outer openings are protected and sealed? Yes  No  N/A
- c. Is overhead protection provided and maintained in good repair? Yes  No  N/A
- d. Does overhead protection cover all the unit's surfaces? Yes  No  N/A
5. Trash Receptacle
- a. Is a receptacle or waste handling unit provided on the mobile unit? Yes  No  N/A
6. Floors
- a. Are floor materials grease resistant, easily cleanable and in good repair? Yes  No  N/A
7. Unit Maintenance
- a. Is unit free of litter and unnecessary items? Yes  No  N/A
- b. Is unit in good repair (no damage)? Yes  No  N/A
8. Toxic Materials
- a. Is storage location away from food and food related items? Yes  No  N/A
- b. Proper labeling? Yes  No  N/A
- c. Is a sanitizing test kit provided? Yes  No  N/A
9. Refrigeration/Freezer Units
- a. Do mechanical refrigerators hold potentially hazardous/TCS food at 41°F? Yes  No  N/A
- b. Does freezer hold food frozen? Yes  No  N/A
- c. Are coolers equipped with draining plugs? Yes  No  N/A
10. Hot Holding Units
- a. Do hot holding units hold foods at 135°F or above? Yes  No  N/A

11. Thermometers

- a. Are temperature measuring devices provided at all hot and cold holding units? Yes  No  N/A
- b. Is a metal stem food thermometer provided for operator? Yes  No  N/A
- c. Does thermometer scale read 0-220°F in 2-degree increments? Yes  No  N/A

12. Storage Areas

- a. Are shelves easily cleanable and properly constructed? Yes  No  N/A
- b. Is adequate shelving provided to store all items? Yes  No  N/A
- c. Are food-related items stored 6 inches above floor? Yes  No  N/A

13. Equipment

- a. Is permanent equipment properly sealed? Yes  No  N/A
- b. Is equipment properly spaced for easy cleaning? Yes  No  N/A
- c. Is all equipment attached to the unit and properly sealed? Yes  No  N/A

14. Food-Contact & Nonfood-Contact Surfaces

- a. Are all food-contact & nonfood-contact surfaces in good condition, properly constructed, smooth and easily cleanable? Yes  No  N/A
- b. Are all food-contact & nonfood-contact surfaces clean to sight and touch? Yes  No  N/A

15. Ventilation

- a. Is hood system adequate? Yes  No  N/A
- b. Is hood system clean? Yes  No  N/A

16. Lighting

- a. Is adequate lighting provided over food prep, utensil washing, storage, and restroom areas? Yes  No  N/A
- b. Are all light fixtures properly shielded in food prep and storage areas? Yes  No  N/A

17. Commissary

- a. Will unit be reporting to commissary at least once a day? Yes  No  N/A
- b. Is the commissary Health Permit in good status? Yes  No  N/A
- c. Does operator have access to commissary? Yes  No  N/A

18. Signage

- a. Is business name and mobile unit number plainly indicated on the exterior of the mobile unit? Yes  No  N/A

19. Personal Attire

- a. Are hair restraints provided for employees? Yes  No  N/A

20. Documents Stored on Unit

- a. Is proof of current commissary agreement stored on the mobile unit? Yes  No  N/A
- b. Is the current commissary visit log stored on the mobile unit? Yes  No  N/A

**In addition to this pre-opening checklist, mobile unit owner must provide the following prior to pre-opening inspection:**

- Approval agreement (includes written procedure for use) from a commissary owner
- Permit fee
- Copy of menu

**If the commissary is not within the jurisdictional area of PCHD:**

- Copy of commissary health permit
- Copy of commissary last inspection

Questions/Comments:

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List of locations where unit may serve:

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**SUBMIT FORM TO:**

Platte County Health Department  
 212 Marshall Rd.  
 Platte City, MO 64079  
 Email: [Food@plattehealth.com](mailto:Food@plattehealth.com)

I, the undersigned, attest to the accuracy of information provided in this application and understand that any misrepresentation or omission of fact will render this application and any permit issued as invalid. I am familiar with the requirements of the Missouri Food Code and Platte County's local food protection ordinance (Platte County, Missouri Government Code, Title II, Chapter 230) and I understand that my food permit may be suspended or revoked by the Platte County Health Department for failure to comply with the provision in the Ordinance/Code. Once approved, I understand the mobile food unit permit is not transferrable from one person to another, from one location to another, or from one type of food service operation to another.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

FOR OFFICE USE ONLY		
APPLICATION APPROVAL		
<input type="checkbox"/> APPROVED TO OPEN	EPHS SIGNATURE	DATE
<input type="checkbox"/> NOT APPROVED TO OPEN	EPHS SIGNATURE	DATE
IF NOT APPROVED TO OPEN PROVIDE THE APPLICANT WITH A NOTICE THAT INCLUDES SPECIFIC REASONS AND CODE CITATIONS FOR THE DENIAL AND ACTIONS THE APPLICANT MUST TAKE TO QUALIFY FOR APPROVAL. THE APPLICANT HAS THE RIGHT OF APPEAL AS SPECIFIED IN PLATTE COUNTY, MISSOURI GOVERNMENT CODE, TITLE II, CHAPTER 230.		