



# Emmaus Board of Health

## APPLICATION FOR ANNUAL LICENSE TO OPERATE A MOBILE FOOD FACILITY

**INSTRUCTIONS:** Send the **COMPLETED** signed application, fee and required documentation indicated to the above address. Make check or money order payable to the *Borough of Emmaus*. **DO NOT SEND CASH.** If you have questions email (preferred) or call the Health Officer. **A license will not be issued until the license application is fully completed and the facility complies with all applicable regulations.**

### TYPE OF MOBILE VENDOR

- Multiple locations throughout the day
- Stationary Location
- Special Events Only

### Proposed Vending Addresses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SECTION A – MOBILE UNIT INFORMATION	
Name	_____
Address	_____ _____
Phone	(     ) _____
Emergency #	(     ) _____

SECTION B – OWNER INFORMATION	
1. Type of Ownership:	_____ Corporation    _____ Partnership    _____ Sole Proprietor _____ LLC                _____ Non-Profit    _____ Other
2. Sole Prop. Name	_____
3. Partner's Name(s)	_____
5. CEO Name/Title	_____
6. Business Address	_____ _____ _____
7. Phone	(     ) _____
8. Where should all future correspondence be mailed? Check one:	_____ Commissary Address in Section C _____ Business Address in Section B
9. EMAIL ADDRESS	_____

SECTION C – COMMISSARY/DEPOT INFORMATION	
Facility Name	_____
Address	_____ _____
Phone	(     ) _____
Operator or Manager	_____

### Operational Information

1. Number of employees: \_\_\_\_\_
2. Proposed days and hours of operation: \_\_\_\_\_
3. Certified Food Employee(s):  
Employee Name: \_\_\_\_\_ Course: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Course: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
4. List of menu items (or submit a copy of the menu with your application): \_\_\_\_\_  
\_\_\_\_\_
5. What type of power source will be used?       Generator                       Plug-in electrical connection
6. Motor vehicle information must be provided if a motor vehicle is used in the operation of the business:  
Motor vehicle registration #: \_\_\_\_\_ Operator Name: \_\_\_\_\_  
Motor Vehicle License Plate #: \_\_\_\_\_ Operator Driver's License #: \_\_\_\_\_

7. Is your commissary located outside Borough of Emmaus?  Yes  No

**If yes, you must provide a copy of the annual Health license and the most recent inspection report.**

**COMPLETE THE FOLLOWING INFORMATION. PROVIDE DOCUMENTATION WHERE REQUIRED**

Food Handling				
Procedures	Yes / No		If Yes, Where Will Procedure Take Place	
			Mobile	Commissary
Washing fruits and/or vegetables	Yes	No		
Thawing frozen foods	Yes	No		
Food preparation - chopping, par-cooking, marinating, etc.	Yes	No		
Cooking food	Yes	No		
Cooling food	Yes	No		
Reheating food	Yes	No		
Refrigeration (cold holding) of foods	Yes	No		
Steam table or other way of hot holding food	Yes	No		
How will you thaw frozen foods: _____				
Explain what you will do with leftover foods: _____				
Will raw or undercooked animal products be served?    Yes    No				
If yes, list the specific animal products that will be served raw or undercooked (example: eggs, ground beef): _____				
Explain other procedures that you will be doing that have not been listed previously:				

Refrigerator/Freezer Capacity				
Unit Type	Yes / No		Make/Model of Unit	# of units
Reach in refrigerator (under counter)	Yes	No		
Refrigerator (stand up)	Yes	No		
Prep top sandwich refrigerator	Yes	No		
Reach-in freezer (under counter)	Yes	No		
Freezer (stand up)	Yes	No		
Fridge/Freezer (stand up)	Yes	No		
Other cold holding storage	Yes	No		
Do you have thermometers inside each refrigerator and freezer:    Yes    No				

Plumbing Fixtures					
Three-compartment sink	Yes	No	Food preparation sink	Yes	No
Grease trap	Yes	No	Backflow prevention device	Yes	No
Handwashing sink	Yes	No	Mechanical pump	Yes	No
Hot & cold water	Yes	No	Hot water heater	Yes	No
			Gallons? _____		

Hot Holding Units			
Unit Type	Yes / No	Make/Model of Unit	# of units
Steam Tables	Yes No		
Other Hot Holding Storage	Yes No		

Potable Water Source			
Municipal	Yes / No	Name of Municipality	
Private/Well	Yes No	<b>** Lab Report required **</b>	
Bottled Water	Yes No	<b>**Invoice Required**</b>	
Capacity of Potable Water Reservoir on Unit	Gallons _____		

Wastewater Tank – Must be 15% Greater than Fresh Water Tank			
Dimensions of Wastewater Tank (in inches)			
Length	Width	Depth	Capacity in gallons
Tank Location:			
How will the wastewater be removed and where will it be disposed from your wastewater tank?			

Note: Falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Application is hereby made for a license to operate a mobile food unit. By this application, I agree that the mobile unit will comply with all applicable ordinances and regulations.  
 It is further agreed that said mobile unit shall be available for inspection by the Emmaus Board of Health / Health Officer.  
 I also understand that the license issued in **NOT TRANSFERABLE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

FEES	
<b>Mobile Food Facility</b>	
New Operational/License Fee (due upon approval)	\$50.00
Renewal Operational/License Fee (due annually)	\$50.00
Reinspection Fee (if failed routine inspection)	\$100.00

For Borough Use Only	
Amount Rec'd: _____	Expiration Date: _____
Date Rec'd: _____	Approved By: _____
Health License# Issued: _____	Date: _____