



**CHRISTIAN COUNTY**  
HEALTH DEPARTMENT

*Show them healthy.*

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christiancountyhealth.com

**\*Please Print\***

**Christian County Health Department  
Mobile Unit Food Permit Application**

Commissary (off-site food storage) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Phone: \_\_\_\_\_

Vending Location (if stationary) \_\_\_\_\_ City \_\_\_\_\_  
Org./Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Onsite Contact Person \_\_\_\_\_ Onsite Contact Person Cell Phone \_\_\_\_\_  
Certified Food Protection Manager \_\_\_\_\_ Certified \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please provide copy of Certified Food Protection Certification and Food Handlers Certification  
**\*Must have a Certified Food Protection Certification prior to operating\***

List all food and beverage items to be prepared and/or served. Attach a separate sheet if necessary:

**Food Menu List**

Food	Supplier	Location Food Prep Occurs:	Date and Time Food Prep Occurs:

2. Will all foods be prepared at the Mobile Unit site? \_\_\_\_ YES \_\_\_\_ NO

If NO, the operator MUST provide a copy of the latest inspection report from the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be held in the Mobile Unit:

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4. Describe how food temperatures will be monitored:

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5. Identify the sources for each meat, poultry, seafood, and shellfish item:

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6. Identify the sources for ice used in the Mobile Unit:

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7. Describe the number, location and set up of hand washing facilities to be used by the Mobile Unit workers:

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8. Identify the source of the potable water supply and describe how water will be stored and distributed in the Mobile Unit. If a non-public water supply is to be used, results from the most recent water testing must be provided:

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9. Describe where equipment and utensil washing will take place:

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10. Describe WHERE and HOW wastewater from handwashing and utensil washing will be collected, stored and disposed:

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11. Describe the Mobile Unit structure to be used. Please indicate type of floors, walls, ceiling surfaces and lighting. Attach a simple sketch or diagram of Mobile Unit if needed.

FLOORS \_\_\_\_\_

WALLS \_\_\_\_\_

CEILING SURFACE \_\_\_\_\_

LIGHTING \_\_\_\_\_

12. Describe how trash and garbage will be disposed of (dumpster site, waste company, frequency of pick-up): \_\_\_\_\_

13. Plan for fly and insect control.

14. Will leftovers be saved for future use?

If yes, how will the leftovers be handled:

\_\_\_\_\_

## STATEMENT OF VERIFICATION

### Application to Operate a Mobile Food Establishment

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Christian County Health Department may nullify final approval or suspend permit previously approved.

Owner / Manager of Mobile Unit: \_\_\_\_\_

SIGNATURE (s) of APPLICANT:

\_\_\_\_\_ DATE: \_\_\_\_\_

Office Use Only	
EPHS Initials _____	Receipt # _____
EPHS Number _____	Check # _____ Cash <input type="checkbox"/>
	Date _____ Int. _____
Supervisor Approval	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor Initials _____	
Date Permit Issued _____	
Permit Number Issued _____	
Some food meets exemption status of food establishment per 2009 Missouri Food Code. Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Information on exempt status provided to applicant. Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Copy of current health inspection if food is not prepared in Christian County.</b>	
<input type="checkbox"/>	