



**Public Health**  
Prevent. Promote. Protect.

**Canton City Public Health**  
Environmental Health

# Mobile Food Unit Plan Review Questionnaire

***\*\* The location of your business headquarters must match the jurisdiction of the Health Department where you are applying for a mobile food license. You must provide documentation that your business headquarters is within the City of Canton, Ohio. \*\****

**Is your business headquarters located in Canton, Ohio?**

Yes

No

**Have you attached a copy of your Ohio Secretary of State Business Registration to this application?**

Yes

No

**Name of Business:** \_\_\_\_\_

**Name of License Holder:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Storage Address for Mobile Unit:** \_\_\_\_\_

**What type of mobile do you have?**

**Enclosed Trailer (Food Truck)**

License Plate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Tow Trailer for Knock Down Mobile**

License Plate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Frozen Food Truck**

License Plate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Mobile BBQ Pit**

License Plate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Food Delivery Truck**

License Plate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Push Cart/Hot Dog Cart**

**Do you have permanent signage or lettering on the exterior of your mobile which includes:**

3-inch x 1-inch lettering

Business Name

Business Phone #

City and State where you are licensed (Canton, OH)

**Who is responsible for maintaining food safety? One person must be present at all times.**

420 Market Ave., N O Canton, OH 44702 O Phone 330-489-3327 O Fax 330-489-3335 O  
[www.CantonHealth.org](http://www.CantonHealth.org)

*This agency is an equal provider of services and an equal opportunity employer. Promoting and protecting health since 1849.*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Food being served/sold**

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**Store where items are purchased**

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**Do you buy food on the day of the event or prior to the event?**

- I buy food the day of the event.
- I buy food prior to the event and store it until the event.

**Where are you storing, prepping, and cooking the food?**

- On the mobile

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At a licensed food facility Name and Address: \_\_\_\_\_

**If you are storing food on the mobile, is your mobile always running to keep food at the correct temperature?**

Yes No

**If storing, prepping, and cooking at a licensed food facility, is it registered with the Ohio Department of Agriculture as a Food Processor?**

Yes No

**Have you attached a copy of that facility's registration with the Ohio Department of Agriculture?**

Yes No

**Do you have a Vomit/Diarrhea Spill Kit?**

Yes No

**Do you have a Disease Reporting Agreement signed by all employees?**

Yes No

**Do you have gloves that are non-latex and food grade safe?**

Yes No

**Does all of your food equipment bear an NSF or UL Sanitation logo for food safety?**

Yes No

**What is your power source?**

Generator Make & Model # \_\_\_\_\_

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Propane Tank

**Do you have a thin-stem food thermometer with a temperature range of 0°-220°F?**

Yes

No

**How will you keep food cold at 41°F or lower? *Mechanical refrigeration is required. Coolers with ice are NOT permitted for use on a mobile food unit.***

Refrigerator                      Make & Model # \_\_\_\_\_

Freezer                                Make & Model # \_\_\_\_\_

**Do you have a thermometer in every electric cooler?**

Yes

No

**How will you cook raw food?**

Cooktop/Griddle                      Make & Model # \_\_\_\_\_

Fryer                                      Make & Model # \_\_\_\_\_

Grill on mobile exterior              Make & Model # \_\_\_\_\_

Smoker                                  Make & Model # \_\_\_\_\_

\_\_\_\_\_                                Make & Model # \_\_\_\_\_

**Do you have a hand sink with pressurized hot and cold running water? *Foot pump sinks are not permitted.***

Yes

No

**Do you have hand soap?**

Yes

No

**Do you have paper towels?**

Yes

No

**Do you have a sign posted at the hand wash sink stating “All employees must wash hands”?**

Yes

No

**Do you have a 3-compartment sink with pressurized hot and cold running water?**

Yes

No

**What type of sanitizer will you use in the 3-compartment sink?**

Chlorine (unscented bleach)       Quaternary ammonium (quat)       Iodine

**Do you have a matching sanitizer test kit for your sanitizer water?**

Yes

No

**Where is your water coming from?**

Municipal water source on site at events

Home      Address: \_\_\_\_\_

Storage Facility      Name and Address: \_\_\_\_\_

Licensed food facility      Name and Address: \_\_\_\_\_

Campground      Name and Address: \_\_\_\_\_

**Do you have a food grade water hose? *Picture included in this packet.***

Yes

No

**What type of backflow prevention device do you use on your water hose? *Picture included in this packet.***

ASSE 1012

ASSE 1024

**Do you have a container to collect waste water (gray water)?**

Yes

No

**Where is your waste water container located?**

Under the sink

Under the mobile unit

**Where will you dispose of your waste water (gray water)?**

Home

Address: \_\_\_\_\_

Storage Facility

Name and Address: \_\_\_\_\_

Licensed food facility

Name and Address: \_\_\_\_\_

Campground

Name and Address: \_\_\_\_\_

**Have you attached written permission from this facility to dispose of your gray water?**

Yes

No

**Where will you dispose of your used grease and oil?**

Licensed food facility grease dumpster

Name and Address: \_\_\_\_\_

Grease recycling company

Name and Address: \_\_\_\_\_

**Have you attached written permission from this facility to dispose of your trash?**

Yes

No

**Where will you dispose of your trash?**

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Home Address: \_\_\_\_\_

Licensed food facility Name and Address: \_\_\_\_\_

Storage Facility Name and Address: \_\_\_\_\_

**Have you attached written permission from this facility to dispose of your trash?**

Yes

No

**Who will provide lighting at night for your cooking and serving areas?**

I have my own lights

Lighting is provided by event sponsor/organizer

**What type of finish or covering is on the Floor, Walls, and Ceiling? Example: tile floor, stainless steel walls, FRP ceiling.**

Floor \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

**KNOCK DOWN MOBILES:**

**Do you have a tent/overhead covering with the ability to set up on both concrete and grass?**

Yes

No

**Do you have a tarp or cardboard to place on the ground under your cooking and serving area?**

Yes

No

**ALL APPLICANTS:**

**In the space below, draw the layout of the area to be used for the Mobile Unit. Include tables, equipment, trash, hand washing, 3-compartment sink, grills, power source, and tents.**



**Example Drawing:**

