

TANEY COUNTY HEALTH DEPARTMENT

MOBILE FOOD VENDOR APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



Application must be completed and emailed to EHS@taneycohealth.org a minimum of 10 days prior to opening.

FOR OFFICE USE ONLY

☐ High ☐ Medium ☐ Low ☐ City of Branson ☐ County ☐ City of Hollister

BUSINESS CONTACT INFORMATION

Name of Mobile Vending Business:

Owners Name:

Owners Phone:

Date:

Owners Mailing Address:

Operating Dates:

Owners Email:

_____ through

Alternative Contact:

Phone:

Will mobile vending unit
be used for any
temporary events during
2017?

Type of mobile vending unit:

☐ Food Truck ☐ Enclosed Trailer ☐ Vending Cart ☐ Other: _____

☐ Yes ☐ No

Plans/applications have been submitted to the following authorities on the following dates:

_____ City of Branson
_____ City of Hollister
_____ County Planning & Zoning

*If your establishment is in the county, please contact
your fire department regarding a fire inspection.*

Western: 417-334-3440

Central: 417-337-8311

Forsyth: 417-546-3074

Hours of Operation:

☐ Monday _____ am/pm to _____ am/pm Location: _____
☐ Tuesday _____ am/pm to _____ am/pm Location: _____
☐ Wednesday _____ am/pm to _____ am/pm Location: _____
☐ Thursday _____ am/pm to _____ am/pm Location: _____
☐ Friday _____ am/pm to _____ am/pm Location: _____
☐ Saturday _____ am/pm to _____ am/pm Location: _____
☐ Sunday _____ am/pm to _____ am/pm Location: _____

LOCATION(S)

Site 1 Address:

Property Owner Name & Phone:

Description of Site:

Site 2 Address:

Property Owner Name & Phone:

Description of Site:

Site 3 Address:	Property Owner Name & Phone:
Description of Site:	
Site 4 Address:	Property Owner Name & Phone:
Description of Site:	
I have attached written permission from each property owner to use their property for my mobile vending. <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, application cannot be approved until documentation of permission is received by the health department)	
PLEASE ENCLOSE ALL APPLICABLE DOCUMENTS:	
<ul style="list-style-type: none"> ✓ Proposed menu ✓ Site plan showing location of mobile vending unit on property, seating area, and any outside equipment ✓ Plan drawn to scale of food establishment showing location of equipment and plumbing ✓ Equipment schedule 	
FOOD EMPLOYEE INFORMATION	
Documentation showing all food employees have completed food safety training must be kept in the mobile vending unit at all times. <ul style="list-style-type: none"> ○ Please indicate all employees that have documented food safety training: Total number of employees: _____ Number of certified food managers: _____ Number of certified food handlers: _____ ○ Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
FOOD SUPPLIES	
<ul style="list-style-type: none"> ○ Are all food supplies, including ice, from an approved source? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ Will all food purchased be stored in mobile vending unit? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If no, where will food be stored outside of the mobile vending unit? _____ _____ ○ Are bulk food containers constructed of food grade materials? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
FOOD PREPARATION REVIEW	
All food and beverage must be prepared on-site or in an approved kitchen (not a home kitchen). If food will be prepared in advance in an approved kitchen, provide the name and address of the approved kitchen along with a copy of the health permit.	
Check categories of Potentially Hazardous Foods (PHF'S) to be handled, prepared, and served.	
Category* <ul style="list-style-type: none"> <input type="checkbox"/> Raw meats (hamburger, chicken, seafood) <input type="checkbox"/> Pre-cooked potentially hazardous foods <input type="checkbox"/> Cut leafy greens, tomatoes, raw garlic in oil mixtures <input type="checkbox"/> Unpasteurized shell eggs <input type="checkbox"/> Smoked, cured, or special process foods* <input type="checkbox"/> Other _____ 	
*Submit a HACCP plan for special process foods <ul style="list-style-type: none"> ○ Will single use gloves be available for handling of ready-to-eat foods? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ Will potentially hazardous foods be thawed in mobile vending unit? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If yes, what methods and equipment will be used to thaw food? _____ _____ ○ Will potentially hazardous foods be cooled in mobile vending unit? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

FOOD PREPARATION REVIEW CONTINUED

- If yes, what methods and equipment will be used to cool food? _____
- Will potentially hazardous foods be reheated in mobile vending unit? ☐ Yes ☐ No
- If yes, what methods and equipment will be used to reheat food? _____
- Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? ☐ Yes ☐ No
- If no, how will salads made from ingredients at ambient temperature be cooled to 41°F within four hours? _____
- Will all produce be washed on-site prior to use? ☐ Yes ☐ No
- Is there a planned location used for washing produce? ☐ Yes ☐ No
- If potentially hazardous foods are prepared in advance in an approved kitchen, how will foods be kept less than 41°F or above 135°F during transportation? _____

COLD STORAGE

- Will raw meats be stored in the same refrigerators and freezers with ready-to-eat food? ☐ Yes ☐ No
- If yes, how will cross-contamination be prevented? _____
- Does each refrigerator/freezer have a thermometer to measure ambient air temperature? ☐ Yes ☐ No
- Does mobile vending unit have enough cold holding storage space to accommodate one full business day? ☐ Yes ☐ No

COOKING

Check the types of cooking equipment available in mobile vending unit:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Inside grill | <input type="checkbox"/> Inside smoker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Outside grill | <input type="checkbox"/> Outside smoker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fryer(s) | <input type="checkbox"/> Microwave | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Probe thermometer | | |

WATER SUPPLY

- Is water supply public or private? ☐ Public ☐ Private
- If private, has source been approved? ☐ Yes ☐ No If yes, attach recent copy of bacteriological test results.
- Is a backflow preventer in place? ☐ Yes ☐ No
- Does mobile unit have a food grade hose that is used only for conveying potable water? ☐ Yes ☐ No
- Will tank, pump and hoses be flushed and sanitized before use? ☐ Yes ☐ No
- Does the water supply tank inlet have a protective cover or device? ☐ Yes ☐ No
- What is the capacity of the water supply tank? _____ gallons
- What is the capacity of the liquid waste retention tank? _____ gallons
- What is the capacity of the water heater? _____ gallons

HANDWASHING FACILITIES

- Is there a handwashing sink available in the mobile vending unit? ☐ Yes ☐ No
- Is hand cleanser and hand drying facilities available at all handwashing sinks? ☐ Yes ☐ No
- Is hot and cold running water under pressure available at each handwashing sink? ☐ Yes ☐ No
- Is a handwashing sign posted at each handwashing sink? ☐ Yes ☐ No

DISHWASHING FACILITIES

- Does the mobile vending unit have a three compartment sink? ☐ Yes ☐ No
- If no, how and where will utensils be cleaned and sanitized? _____

- Are test papers and/or kits available for checking sanitizer concentration? ☐ Yes ☐ No
- Type of sanitizer used: ☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine ☐ Other: _____

SEWAGE DISPOSAL

- Will mobile unit be connected to a municipal sewer? ☐ Yes ☐ No ☐ NA
- Does mobile unit have a grease recovery unit? ☐ Yes ☐ No
- If no, where will liquid waste be disposed? _____

GARBAGE AND REFUSE

- Do all waste containers have lids? ☐ Yes ☐ No
- Does mobile vending unit have access to the dumpster on property? ☐ Yes ☐ No
- If no, where will garbage/refuse be disposed? _____

GENERAL

- Will all outside doors be self-closing and rodent proof? ☐ Yes ☐ No
- Are screen doors provided on all entrances left open to the outside? ☐ Yes ☐ No
- Do all operable windows have a minimum #16 mesh screening? ☐ Yes ☐ No
- Will air curtains be used? ☐ Yes ☐ No ☐ NA
If yes, where? _____
- Does mobile vending unit have a generator or back up power source? ☐ Yes ☐ No

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s): _____ Date: _____

Owner(s) or Responsible Representative(s) Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Approved: _____ Date: _____
Inspector Signature

Updated 10/2023