

Mobile Unit Plan Review Packet

Mobile food units can be trucks or trailers that sample, sell, or serve food. Mobile units need to obtain either a Temporary Food Service Establishment Permit or a Permanent Food Service Establishment Permit. See below to help you determine which type of permit best fits your business model.

- **If you hold a permanent mobile food unit permit in a different county, you may qualify for mobile unit plan review reciprocity. See page 2 for instructions and skip the rest of the Mobile Unit Plan Review Packet.**
- Temporary Food Establishment Permit
 - In one location for up to 21 days in a row in conjunction with a single public event OR in multiple locations up to three days per week in conjunction with public events. Examples of public events are farmers markets or fairs.
 - To apply, stop here and go to: kitsappublichealth.org/FoodSafety/food_vendors.php or call (360) 728-2235 and ask to speak with the Food Inspector of the Day.
- Permanent Food Establishment Permit
 - Fixed location or multiple sales sites.
 - Operation does not need to be in conjunction with a public event.
 - Permit allows you to operate for one year and is renewed annually.
 - To apply, complete and submit this Mobile Unit Plan Review Addendum Packet.
 - Read more about permanent food establishments on our website: kitsappublichealth.org/FoodSafety/food_establishments.php

Use this guide to prepare a complete plan review packet; some forms may not be applicable to your business model. The packet includes:

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KITSAP PUBLIC HEALTH DISTRICT

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MOBILE UNIT PLAN REVIEW RECIPROCITY CHECKLIST

Food Service Establishment Form

Submittal Date	New Customer ID#	Memo Number

Mobile unit name: _____

This optional checklist is for mobile units currently holding an annual operating permit in a county other than Kitsap and wish to obtain a Food Service Establishment Permit in Kitsap County. If you qualify for reciprocity, the rest of this plan review packet does not need to be completed. You cannot deviate from your original plan review approval. If you have been approved to use a commissary in a different county, you must return to that commissary as approved. If you would like to use a commissary kitchen in Kitsap OR if you do not hold an annual mobile unit permit in the county from which you received plan review approval, you will need to go through full plan review with our office (skip pages 2-3).

✓	#	ITEM	DESCRIPTION	Office Use Only
	1	Application	Submit completed Food Service Establishment Permit Application and applicable Mobile Unit Permit fee; see the Environmental Health Fee Schedule for current fees.	
	2	Approved plan review documents	Submit the following approved plan review documents from the health department who currently permits your mobile unit (WAC 246-215-09115). <ul style="list-style-type: none"> <input type="checkbox"/> Menu and food preparation steps <input type="checkbox"/> Mobile unit floor plan <input type="checkbox"/> Mobile unit equipment list <input type="checkbox"/> Mobile unit finish schedule <input type="checkbox"/> Source of water and on-board plumbing specifications <input type="checkbox"/> Wastewater disposal site <input type="checkbox"/> Employee restroom location <input type="checkbox"/> Operating procedures <input type="checkbox"/> Cleaning schedule <input type="checkbox"/> Commissary Kitchen Agreement <input type="checkbox"/> Valid mobile unit permit in the county that issued the plan review approval 	
	3	Location plan	Submit a description of how your customers will find your location. If social media sites are used, include the social media site address.	
	4	Commissary Kitchen	If applicable, submit completed a Commissary Kitchen Agreement if you are going to use a commissary kitchen in Kitsap County. You will need to go through plan review with our office if you plan to use a kitchen other than the one included in your original, approved plan review.	

	5	Sale Site Agreement or route information	Submit a completed Sales Site Agreement for each stop over one hour. Submit a route if you intend to operate on a specific route.	
	6	Photo of mobile unit	Submit a picture of the mobile unit with the name clearly visible.	
ADDITIONAL INFORMATION FOR MOBILE UNITS WITH A COMMISSARY KITCHEN OUTSIDE OF KITSAP				
	7	Current permit(s)	Submit a copy of the valid permit for the <input type="checkbox"/> Mobile unit (temporary event permits are not accepted) <input type="checkbox"/> Commissary kitchen	
	9	Inspection report(s)	Submit a copy of the most recent inspection report from the original permitting agency that demonstrates compliance with food safety standards for the: <input type="checkbox"/> Mobile unit <input type="checkbox"/> Commissary kitchen (if available) Be aware that the inspection report must have a score of 100% or full plan review is required.	

Glossary of Terms

“**Commissary**” is an approved, licensed food establishment where food is stored, prepared, portioned, or packaged for service elsewhere.

“**Food Code**” refers to [Chapter 246-215 Washington Administrative Code](#), which is the set of regulations governing retail food establishments.

“**Health District**” means the Kitsap Public Health District.

“**Limited food service**” means a food establishment with a limited menu in a building without permanent plumbing.

“**Menu**” means the types of food that will be served and how they are prepared.

“**Mobile food unit or mobile unit**” means a food service that can be easily moved from one location to another, such as a food trailer or truck. “Pop-up setups”, such as those at a farmers market, are not allowed.

“**Occupied mobile food unit**” means a mobile food unit where the workers will be inside of the unit, such as an enclosed food truck or trailer.

“**Plan review**” is the careful review of the proposed mobile food unit design, equipment, and menu by the Health District to ensure food items will be safely stored, prepared, and served before the operating permit is granted. Reviewers will ensure the mobile food unit is designed for food safety and that there is access to an approved commissary and bathroom. This packet will help you prepare everything you need to submit for a successful plan review.

Plan review is also required when changes are made to an existing mobile food unit, such as changes in ownership, commissary location, menu, equipment, or physical design.

“**Servicing area**” is the base of operation to which the unit returns regularly for activities such as cleaning, discharging of liquid or solid waste, refilling freshwater tanks, boarding or storing dry food supplies, equipment, and paper products. The servicing area may be the same location as the commissary kitchen.

“**Time and temperature control (TCS) food**” is food that needs time and/or temperature control for food safety. These foods include but are not limited to: Dairy products; meat; eggs; fish; shellfish; cooked rice, beans, potatoes, and pasta, tofu; batters; sliced melons; cut tomatoes and leafy greens; and untreated garlic- or herbs-in-oil mixtures.

Plan Review Procedure for Mobile Units

Department of Labor & Industries (L & I) may require your mobile unit to be inspected and approved. L & I approval is required before the Health District will conduct the pre-opening inspection. Any changes made to the unit after receiving approval from L & I may require you to go through review again. Check with L & I if this is the case with your unit.

1. Within 30 days of your intended opening, submit a Mobile Unit Plan Review Packet and appropriate fee (refer to the [Environmental Health Fee Schedule](#)) to the Food Program. The applicable fee for the Plan Review Application depends upon the proposed activities, menu, and food handling processes of the establishment. Fees are non-refundable.

The floorplan must exactly match the floorplan submitted to other agencies, if applicable. Packets may be submitted over the counter at our office or mailed. Incomplete packets will not be accepted. Packets expire one year after date of submission.

- New establishments
 - Low Risk Establishment category: Includes shelf-stable foods; cold holding of TCS foods; or heating then immediately serving fully cooked, commercially prepared, TCS foods. Examples are espresso drinks or hot dogs.
 - High Risk Establishment category: Includes produce washing; extensive food handling; or cooking, reheating, hot holding, or cooling of TCS foods. Examples are full-service menus, sandwiches, or salads.
- Change of ownership only applies if:
 - There are no changes to the menu or equipment in the facility.
 - The operation of the business is continuous from the old owner to the new owner. If the business closes for any amount of time, full plan review is required; see the “new establishments” section above for fee information.
 - It has been less than 30 days after the effective ownership change date. Changes of ownership in effect for 30 days or more will submit full plan review fees; see the “new establishments” section above for fee information.

*At the time of a change of ownership, the establishment will need to be upgraded to meet the current facility requirements of the Food Code. Your inspector will let you know which upgrades need to be made during the first routine inspection. The first routine inspection will occur within 30 days of the change of ownership effective date.

- Existing mobile units:

Application type	Fee schedule description
Remodel	Determined by inspector.
Equipment change only	Equipment Review
Menu change only	Change in Menu

2. New mobile unit permit: If you are applying to permit an already-constructed mobile unit, an inspector will contact you to schedule a Plan Review Site Inspection. If the unit has not been constructed yet, your inspector may contact you with questions or may be able to issue a Health Officer Decision with the information provided (see step 4).

Existing mobile units: A Plan Review Site Inspection may occur, and its necessity is determined by the inspector on a case-by-case basis. An inspector will contact you to explain the next steps.

3. Once the Plan Review Site Inspection and in-office review is complete, the inspector will issue a Health Officer Decision page. The application will be approved, pending, or denied. If the inspector needs more information from you to complete the review, the decision may be delayed.
 - a. Approved: The application is approved as submitted. Any changes made to the floorplan, menu, or services offered after the approval is issued requires Health District review and approval; submit changes via the [Food Service Establishment Plan Review Revision Request Form](#). Revisions may result in postponement of the application review.
 - b. Pending: The submitted application cannot be approved as-is. The conditions that need to be addressed to obtain approval are listed on the Health Officer Decision, and may require that an updated floorplan or menu be submitted; submit changes via the [Food Service Establishment Plan Review Revision Request Form](#). Revisions may result in postponement of the application review. Keep in mind that the floorplan submitted to the Health District must exactly match the floorplan submitted to other agencies, so you must submit a copy of the updated floorplan to them as well.
 - c. Denied: The application is not approved. The reason(s) will be listed on the Health Officer Decision.
4. Pay for the annual permit by submitting a [Food Establishment Permit Application](#) at least five business days before intended opening. Your permit category corresponds to a specific item number in the Environmental Health Fee Schedule and can be found on your Health Officer Decision page.
5. When construction and the Health Officer Decision requirements are completed and the permit application has been submitted, contact your inspector to schedule the pre-operational inspection. Notice of at least five business days prior to intended opening is required for scheduling the pre-operational inspection. Cold and hot holding equipment will be checked for compliance at this time. If there is no food in the equipment, containers of water are required to be placed inside each unit so that the inspector can obtain a temperature. If a unit has a top and bottom or side by side component, a container of water should be placed in each section.

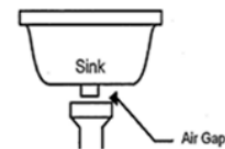
If a pre-operational inspection is attempted and the requirements listed in the Health Officer Decision were not completed, the inspection will be postponed and a reinspection fee will be assessed (see [Environmental Health Fee Schedule](#) for current rate).

Mobile Unit Food Service Establishment Permit- General Requirements

1. If you do not have your own licensed, commercial kitchen, you have the option to either use a commissary kitchen (recommended) or operate as a fully self-contained mobile unit.
 - a. Using a commissary kitchen: A commissary kitchen is an approved food establishment where food is stored, prepared, portioned, or packaged. The Health District licenses commissary kitchens and food establishments in Kitsap County; either may be used for your commissary kitchen. To search our website for licensed food establishments, go to: kphd.maps.arcgis.com/apps/webappviewer/index.html?id=a5149ac7bd0a46eeaf62a6fc7064cec8 For a list of commissary kitchens, see page 21 of this packet. A Commissary Kitchen Agreement (see page 23) must be submitted with your application. Be aware that your selected kitchen may not accommodate your business model and its suitability will be determined during the review process.

- b. Proposing to operate as a fully self-contained mobile unit: You will need to submit a written plan of operation with your application (see page 26). The Health District will determine whether self-contained mobile food units can operate without a commissary kitchen.
2. Your mobile unit must be marked on the exterior with your business name in an obvious place for customers to see in printed letters at least four inches high.
3. During transport, hot and cold holding equipment must run off the engine, propane, or generator and keep cold food at or below 41°F and hot food at or above 135°F.
4. Your mobile unit must have a garbage container for waste made during operation.
5. Your mobile unit must be mobile (on wheels that are always functional and appropriate for the type of unit). The Health District must pre-approve servicing locations and location where the unit will be stored overnight.
6. You must keep a copy of your Food Establishment Permit in your mobile unit.
7. Foods that must stay cold for safety must stay at or below 41°F. You must have adequate mechanical refrigeration or propose a different method to keep TCS food cold. Refrigerators must be pre-chilled before putting food in them.
8. You must have commercial-grade, mechanical equipment powered by electricity, propane, or generator to keep hot food at or above 135°F. Equipment must be pre-heated before putting food in it. "Sterno"-type fuel is not allowed.
9. Foods prepared on the unit that require temperature control for safety must be served on the same day. Unused food prepared on the unit that require temperature control for safety must be discarded at the end of each day.
10. You cannot cool foods that require temperature control for safety on your unit unless prior approval is received.
11. Food being reheated for hot holding must reach 165°F within one hour and can only be reheated once.
12. Serve condiments in single-serve packages or squeeze bottles. If a condiment is not available in single-serve packages and cannot be served in a squeeze bottle, it may be served in bulk. Condiments served in bulk cannot require refrigeration and must be protected by food guards, display cases, or other effective means.
13. You must protect food from customer contamination. Sneeze-guards, dome lids, or other approved shields must protect work areas, food, and single-serve items. Vertical sneeze-guards must be 60-inches or taller (measured from the ground).
14. Your mobile unit must have at least one handwash sink permanently installed in it unless you are only serving pre-packaged food. The basin should be large enough to wash both hands simultaneously without touching the sides or bottom of the sink. Splashguards may be required to prevent contamination of food, clean equipment and utensils, and single-service and single-use articles. The hand sink station must always be stocked with soap and paper towels.
15. The handwash sink(s) must be located within 25 feet of all food preparation unless approved AND be easily accessible for all employees who are preparing or dispensing food and beverages, conducting warewashing, or using the restroom. It cannot be located underneath a counter. If it is installed on a slide-out drawer, it must be locked open while food is handled or served.
16. Your mobile unit must have a hot water heater that provides water at 100°F or above to all sinks.
17. Your mobile unit must have a mechanical pump that pressurizes hot and cold water to 15 psi. The pump must turn on and off automatically. You cannot use a pump switch each time water is used.

18. Your mobile unit's freshwater tanks and all piping and tubing must be made of food-grade materials. The potable water tank must be permanently installed on the mobile unit. The water inlet must be protected from contamination and be designed to prevent attachment of a non-potable service connection.
19. You must use a food-grade quality hose to fill freshwater tanks. The hose must be provided with an approved backflow preventer. A written sanitation plan for obtaining potable water then storing equipment is required. Garden hoses are not allowed.
20. Freshwater tanks must hold at least five gallons of water dedicated to handwashing. Depending on your plan of operation, you may need a larger freshwater tank for cleaning utensils, preparing food, sanitizing, warewashing, or cleaning; see "additional requirements" in the next sections.
21. You must be able to easily empty the wastewater tank. The wastewater tank and its connections cannot leak. The wastewater tank must be permanently installed on the mobile unit and sized to be at least 15% larger than the freshwater tank. Wastewater must be removed in such a manner that a public health hazard or nuisance is not created. Wastewater must be discharged into a sanitary sewage system; a Wastewater Disposal Agreement may be required (see page 28). A written sanitation plan describing how wastewater will be disposed is required. Dumping wastewater onto the ground, into waterways, or into storm drains is not allowed.
22. We may require you to limit the food preparation steps or amount of food prepared, prohibit some menu items, or limit your operation schedule when facilities or equipment are inadequate to protect public health.
23. All light fixtures must have light covers, sleeves and endcaps, or shatterproof light bulbs. A light intensity of at least 50 foot-candles must be used inside the unit.
24. All surfaces of your unit must be smooth, non-absorbent, durable, non-toxic, non-corrosive, and easily cleanable. Bare wood surfaces are not allowed. Equipment and utensils must be National Sanitation Foundation-approved or equivalent.
25. If you will be washing produce on the unit, a dedicated food preparation sink is required. The sink must be indirectly plumbed with a minimum one-inch air gap in the waste line as illustrated in the diagram. The flood level rim of the receiving pipe must be at least twice the diameter of the inlet pipe.



26. You must provide a cleaning schedule.
27. Water must be from an approved public water system.
28. All food must either be prepared in the unit, prepared in a commissary kitchen, or obtained prepared from an approved source. If you plan to prepare food off the unit, a commissary kitchen is required.
29. Food must be stored on the unit, in a commissary kitchen, or in a Washington State Department of Agriculture-licensed warehouse. Storage of food at a residence is prohibited.
30. Describe your servicing area in the plan of operation. Service areas may include, but are not limited to, where you store the unit when it is not in use, clean the unit, obtain freshwater, and dispose of wastewater. A servicing area may be a commissary kitchen.
31. You must have a large enough supply of clean utensils to last during all hours of operation or you must properly clean and sanitize them at least every four hours. Only single-service utensils may be offered to customers and they must be stored and dispensed in a sanitary manner.
32. Your occupied mobile unit must be inspected and approved by Department of Labor and Industries before we will complete a pre-opening inspection.

33. Your mobile unit's freshwater tank should hold at least 35 gallons.
34. Your mobile unit's wastewater tank must hold at least 15% more than its freshwater tank (minimum 42 gallons).
35. Your mobile unit must have a three-compartment sink with drainboards attached on both ends. The sink compartments must be large enough to submerge and wash all equipment used on the mobile unit. Drainboards must be the size of the sink compartment.
36. Your mobile unit's hot water heater must be large enough to completely fill two compartments of the 3-compartment sink with hot water (100°F or above) without the handwash water temperature dropping below 100°F.

If you are only selling pre-packaged, TCS foods:

1. Your mobile unit does not have to have a handwash sink.
2. You may not offer samples.

Other Agencies' Requirements

Contact other state and local agencies for additional requirements. For example:

- Building departments may require you to have a land use permit for your sale site(s).
- Fire departments may require you to have a permit to use liquid propane, charcoal, wood, or oil frying equipment.
- Local government may require your cooking equipment to have a ventilation hood or tight-fitting cover.
- State or local government may require you to have business license(s).
- Department of Labor and Industries (L & I) may require your mobile unit to be inspected and approved. NOTE: Proof of L & I approval is required before the Health District will conduct the mobile unit pre-opening inspection.
- Department of Motor Vehicles (DMV) may require your mobile unit to be registered.
- Food trucks or food trailers equipped with appliances that produce smoke or grease-laden vapors need an operational permit issued through the Kitsap County Fire Marshal.

PLAN REVIEW

Food Service Establishment Application

Submittal Date	Review Fee	Memo Number	Invoice or Transaction Number	Customer ID Number

Please see the [Environmental Health Fee Schedule](#) for current fees and review requirements in the [Plan Review Application Procedure and Requirements](#) document. We strongly encourage you to speak with an inspector prior to submitting any applications to ensure the correct documents are submitted.

FOOD SERVICE ESTABLISHMENT INFORMATION		
<i>Establishment name</i>	<i>Establishment phone</i>	
<i>Establishment street address (Mobile units/caterers leave address blank)</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Unified Business Identifier (UBI #)</i>		
<i>Intended date of opening or when changes will go into effect</i>		

APPLICANT INFORMATION		
<i>First and last name</i>		<i>Contact phone</i>
<i>Mailing street address</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Email address</i>		
<i>Food establishment owned by:</i>		
<input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other		

FOOD ESTABLISHMENT OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)			
<i>First and last name</i>	<i>Phone number</i>	<i>Email address</i>	
<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>If there are multiple owners, list the other owners' names here. The main owner who will be our point of contact should be the one listed above.</i>			

CERTIFICATION AND ACKNOWLEDGMENT		
<i>By signing this document, I certify that the information provided is true and accurate to the best of my knowledge. I attest that I will:</i>		
<input checked="" type="checkbox"/> Comply with the requirements of Chapter 246-215 Washington Administrative Code and Kitsap Board of Health Ordinance 2022-02 .		
<input checked="" type="checkbox"/> Allow the Health District to access the establishment and records as outlined in Chapter 246-215 Washington Administrative Code .		
<i>Owner/ Applicant name printed</i>	<i>Owner/ Applicant signature</i>	<i>Date</i>

FOR OFFICE USE ONLY	
Application type: <input type="checkbox"/> Mobile unit plan review (#67b) <input type="checkbox"/> Non-mobile unit plan review (#67c) <input type="checkbox"/> Menu change/equipment review (#67a) <input type="checkbox"/> Change of ownership (#56): (circle one) <30 days or >30 days *Must be submitted with a Food Establishment Permit Application and applicable permit fee . COO date: _____	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Inspector initials: _____ Date: _____ </div>
Structure/Business type: <input type="checkbox"/> Existing building on sewer <input type="checkbox"/> Existing building on septic; DWOSS application attached. <input type="checkbox"/> New construction on sewer; DWOSS application attached. <input type="checkbox"/> New construction on septic; DWOSS application attached. <input type="checkbox"/> Caterer with commissary <input type="checkbox"/> Caterer with restaurant <input type="checkbox"/> Mobile unit	
Permit Type: <input type="checkbox"/> New Permit <input type="checkbox"/> Existing Permit. Customer ID# _____	

MOBILE UNIT FLOORPLAN CHECKLIST

Submit architectural plans or draw the unit layout with dimensions. Attach extra sheets if needed. For revised floorplans, highlight all proposed changes. Each item should be labeled. Items of interest include sinks, temperature control units, food storage areas, cooking equipment, drink and ice machines, small appliances, chemical storage, hot water heater, generator, wastewater tank, potable water tank, etc.

Include photos of mobile unit

- Photos of interior of mobile unit
- Photos of exterior of unit (sides, front, and back)

List of floorplan features

Floorplan item	Shown on floorplan	Labeled on floorplan	Commercial-grade labeled on floorplan (indicate with "C")	Indirect/air-gapped plumbing indicated on floorplan (indicate with "AG")	Specifications listed on equipment list	ID # on floorplan
Handwashing sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-Compartment sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food preparation sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dump sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot holding equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dry storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

MOBILE UNIT EQUIPMENT LIST

List all equipment, including make and model numbers. Examples of equipment include, but are not limited to, refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, and countertop appliances. If make and model number cannot be found, a photo of the equipment must be submitted. The wattage values are used to make sure your mobile unit has an adequate power supply.

Requirements

- Photos of equipment must be included if make and model number cannot be found.
- Use ID numbers from the Mobile Unit Floorplan Checklist for cross-referencing.

List of equipment

Kind of equipment (include food and non-food items)	Shown on floorplan	ID # on floorplan	Commercial-grade?	Make	Model	Running wattage (W)	Photo submitted in lieu of make/model
Ex: Stovetop	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ACME	PG-2303		<input type="checkbox"/>
Ex: Toaster	<input type="checkbox"/>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Toast 'ems			<input checked="" type="checkbox"/>
Ex: Television	<input type="checkbox"/>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Techie	J0704H2302		<input checked="" type="checkbox"/>
Handwashing sink(s)	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
3-Compartment sink	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Service sink	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Food preparation sink	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Dump sink	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Refrigerator(s)	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Freezer(s)	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Hot holding equipment	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
Dry storage area	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>

(Continued on next page)

Kind of equipment (include food and non-food items)	Shown on floorplan	ID # on floorplan	Commercial- grade?	Make	Model	Running wattage (W)	Photo submitted in lieu of make/model
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>

MOBILE UNIT FINISH SCHEDULE

Provide the materials used for all floors, walls, coving, and ceilings.

Requirements

- All bare wood surfaces (doors, trim, counters, shelves, cabinets, etc.) must be painted or sealed.
- Floors must be constructed of smooth, easily cleanable, durable, and non-absorbent material.
- Coving must be installed at all wall/floor junctions.
- Walls must be constructed of smooth, easily cleanable, durable, and non-absorbent materials. Fiber reinforced plastic (FRP) or similar waterproof material is recommended on walls surfaces behind sinks and areas exposed to moisture.
- Ceilings must be constructed of smooth, easily cleanable, durable, and non-absorbent materials.
- All light fixtures must have light covers, sleeves and endcaps, or shatterproof light bulbs.

Sample finish schedule

	Floors	Coving	Walls	Ceiling	Counters
Mobile unit	<i>Stainless steel</i>	<i>Stainless steel</i>	<i>FRP & stainless steel</i>	<i>Stainless steel</i>	<i>Stainless steel</i>
Restroom	<i>Ceramic tile</i>	<i>Painted wood</i>	<i>Painted gypsum board</i>	<i>Painted gypsum board</i>	<i>N/A</i>

	In refrigerators	In dry storage	Under counters	Other	Other
Shelving	<i>Stainless steel</i>	<i>Painted wood</i>	<i>Stainless steel & painted wood</i>	<i>In hot hold unit: stainless steel</i>	

Describe lighting	<i>All lights in the unit have shatterproof lightbulbs.</i>
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Finish schedule Included on floorplan

	Floors	Coving	Walls	Ceiling	Counters
Mobile unit					
Restroom					

	In refrigerators	In dry storage	Under counters	Other	Other
Shelving					

Describe lighting	
-------------------	--

MOBILE UNIT QUESTIONS

1. Have you read the Mobile Unit Plan Review Packet documents?
 Yes No
2. What is the mobile unit's vehicle identification number (VIN)? _____
3. Will the mobile unit operate on a route? If yes, a sample route must be included in your application.
 Yes No
4. Will you have more than one sales site? If yes, how many?
 No Yes, _____
5. Do you understand that you must provide a Sales Site Agreement for each private sales site that you will utilize once the mobile unit becomes operational?
 Yes No
6. Will you provide seating? If yes, customers must have access to a restroom.
 Yes No
7. Do you understand that the mobile unit must return to the commissary kitchen as often as approved unless a commissary kitchen exemption is granted?
 Yes No
8. Have you included pictures of the mobile unit (exterior front, back, and sides and interior)?
 Yes No
9. How will you display your menu? Check all that apply. If needed, a consumer or parasite advisory will need to be posted on all menus.
 Menu display Sandwich board Paper menu Other: _____
10. List all cold beverages and describe where they will be kept cold.

11. Will you serve any raw or undercooked food?
 Yes No
12. List all raw or undercooked eggs, seafood, or meats cooked on the mobile unit.

13. How you will serve condiments?

14. How many sets of utensils will you have?

15. Where will you wash utensils?

16. How often will you wash utensils?

17. Are all refrigerators and equipment (except freezers) commercial grade?

Yes No

18. If you will make food to order (e.g., sandwiches, tacos, hamburgers) with cold items (e.g., lettuce, tomato), a refrigerated preparation table must be installed. Will you make food to order?

Yes No

19. During transport, all hot and cold holding equipment must be operating to maintain food temperature. How are hot and cold holding equipment powered during transit?

Truck engine or battery Propane Generator Other _____

20. What size is the handwash sink?

_____ long, by _____ wide, by _____ deep

21. Is a mixing faucet installed on the handwash sink?

Yes No

22. Are hot and cold water available at the handwash sink?

Yes No

23. What is the mechanical water pump's make and model number?

24. Can the mechanical water pump pressurize the hot and cold water systems to at least 15 psi?

Yes No

25. Handwash sink water must be available on demand, without needing to turn power on between washing. Does the water pump turn on and off automatically?

Yes No

26. The hot water heater must meet water capacity requirements. What is hot water heater's size, make and model number?

27. In gallons, what size is the freshwater tank?

28. Where and how will you fill the freshwater tank? Include description of how equipment will be stored when not in use, such as the food grade hose.

29. In gallons, what size is the wastewater tank?

30. Where and how will you empty the wastewater tank?

31. Where and how will you dispose of trash?

32. Where will you store refrigerated food each night?

33. Do you intend to cool on the mobile unit?

Yes No

34. What will you do with leftover cooked food each night?

35. Where will you store the mobile unit overnight?

36. Will the mobile unit be connected to electricity overnight?

Yes No

37. Describe how you will ensure your unit will be cleaned and sanitized. Be sure to outline your cleaning schedule, including deep cleans and difficult areas to clean (e.g., behind equipment, below equipment, etc.). Cleaning schedules for some equipment (hood filters, refrigeration unit coils, hot water heater descaling) should follow the manufacturer's cleaning instructions.

38. What is your typical operating schedule? We know hours may vary depending on events you may attend/need to return to commissary kitchen or servicing area.

Sunday: _____ am/pm to _____ am/pm

Monday: _____ am/pm to _____ am/pm

Tuesday: _____ am/pm to _____ am/pm

Wednesday: _____ am/pm to _____ am/pm

Thursday: _____ am/pm to _____ am/pm

Friday: _____ am/pm to _____ am/pm

Saturday: _____ am/pm to _____ am/pm

39. How many meals per day do you plan to serve? _____

40. Will you receive food deliveries or shop for groceries? Food deliveries Shop for groceries

41. How many days per week will you either receive food deliveries or go grocery shopping? _____

42. Please indicate if your menu contains any of the following food processing steps:

Smoking fish or meats	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sous vide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacuum packaging or reduced oxygen packaging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Making your own yogurt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water bath or pressure canning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fermenting or pickling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using food additives as preservatives (such as vinegar, nitrates, or nitrites)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Curing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Par-cooking or grill marking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dehydrating	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprouting seeds or beans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Juice production	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live shellfish tank	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cook-chill	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. Describe what you will do if you run out of potable water while operating.

44. Describe what you will do if your wastewater tank overflows while operating.

45. Have you submitted a copy of your Washington State Labor and Industries approval? If you have not yet received approval, you must submit it when you apply for your Food Service Establishment Permit; a pre-opening inspection will not be performed until a copy is furnished.

Yes No

46. Is a 3-compartment sink installed on the truck or trailer?

Yes No

47. What size are the compartments of the three-compartment sink?

_____ long, by _____ wide, by _____ deep

48. Are drainboards attached to both ends of the 3-compartment sink?

Yes No

49. Are the compartments of the 3-compartment sink large enough to submerge and wash all equipment? If no, what equipment does not fit and how will it be washed?

Yes No, _____

50. Can you completely fill two compartments of the three-compartment sink with hot water (100°F) without the water temperature dropping below 100°F?

Yes No

SALES SITE AGREEMENT

Food Service Establishment Application

Submittal Date	Dates of Usage (1 year maximum)	
	From	To

By signing this agreement, the owner of the commissary facility certifies that the sales site meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#).

SALES SITE INFORMATION	
Name of sales site	Contact phone
Site address (city, state, zip)	
Email	
Site owner printed name	
Site owner signature	Date

APPLICANT INFORMATION	
Business/vendor name	Contact phone
Mailing address (city, state, zip)	
Email	
Business owner printed name	
Business owner signature	Date

SALES SITE QUESTIONS FOR MOBILE UNITS
<p>1. Will the mobile unit be connected to electricity at the sales site(s)? If yes, which sales site(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2. Is the sales site restroom available during all hours of your operation? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If no, you will need to submit a Restroom Agreement for a different restroom; the restroom must be within 500 feet of your mobile unit.</p> <p>If yes, is a key required to access the sales site restroom? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3. Will the mobile unit be parked at site overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

CERTIFICATION AND ACKNOWLEDGMENT
<p>By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:</p> <p>✓ This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD). Should either party terminate the Sales Site Agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved sales site and a signed agreement is provided to KPHD.</p>
HEALTH DISTRICT REVIEW
<p>Reviewed and accepted by:</p> <hr/> <p>Environmental Health Specialist Date</p>

Marvin Williams Rec Center	725 Park Ave	Bremerton	✓	✓	Minimal	Minimal	✓	✓	✓	✓	Minimal	✓	✓	✓	✓	✓	✓	Eval needed
St. Barnabas Episcopal Church	1187 Wyatt Way NW	Bain Island	✓	Short term	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	Eval needed
Sakai Inter. School	9343 Sportsman Club Rd	Bain Island	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Eval needed
Silverdale United Methodist Church	9982 Silverdale Way	Silver	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Eval needed
Village Green Community Center	26159 Dulay Rd NE	Kingston	✓	Eval needed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Eval needed
West Sound YFC	801 Pennsylvania Ave	Bremerton	✓		Minimal	Minimal	✓	Minimal	✓	Minimal	Minimal	✓	✓	✓	✓	✓	✓	Eval needed
Woodward Middle School	9100 Sportsman Club Rd	Bain Island	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Eval needed

COMMISSARY KITCHEN AGREEMENT

Food Service Establishment Application

Submittal Date	Dates of Usage (1 year maximum)
	<i>From</i> <i>To</i>

By signing this agreement, the owner of the commissary facility certifies that the kitchen meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#).

COMMISSARY FACILITY INFORMATION	
Name of commissary facility	Contact phone
Facility address (city, state, zip)	
Email	
Facility owner printed name	
Facility owner signature	Date

APPLICANT INFORMATION	
Business/vendor name	Contact phone
Mailing address (city, state, zip)	
Email	
Business owner printed name	
Business owner signature	Date

PROCESSES TO BE PERFORMED AT COMMISSARY FACILITY (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Warewashing	<input type="checkbox"/> Cooling	<input type="checkbox"/> Food preparation
<input type="checkbox"/> Food storage in:	<input type="checkbox"/> Wastewater disposal	<input type="checkbox"/> Reheating food
<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Packaging	<input type="checkbox"/> Special processes (e.g. sous vide, curing, reduced oxygen packaging, etc.)
<input type="checkbox"/> Freezers	<input type="checkbox"/> Produce washing	
<input type="checkbox"/> Dry storage	<input type="checkbox"/> Thawing	
<input type="checkbox"/> Cooking	<input type="checkbox"/> Obtaining potable water	<input type="checkbox"/> Trash disposal site

CERTIFICATION AND ACKNOWLEDGMENT
<p>By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:</p> <ul style="list-style-type: none"> ✓ Use of the above commissary is required for food preparation and storage, ware washing activities, potable water supply, wastewater disposal, and all other servicing needs as outlined in the plan review process. All visits must be recorded on the commissary facility "Sign-In Sheet". If the facility is missing the sign-in sheet, please contact the Kitsap Public Health District for a copy. ✓ This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD). Should either party terminate the Commissary Agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved commissary kitchen and a signed agreement is provided to KPHD. ✓ I must maintain a log that documents my presence at the commissary kitchen; records must be maintained for at least one year and available for inspection upon request.

HEALTH DISTRICT REVIEW
<p>Reviewed and accepted by:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> Environmental Health Specialist Date </div>

RESTROOM AGREEMENT

Food Service Establishment Application

Submittal Date	Dates of Usage (1 year maximum)
	From _____ To _____

By signing this agreement, the owner of the restroom facility certifies that the restroom meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#).

RESTROOM FACILITY INFORMATION	
Name of facility _____	Contact phone _____
Facility address (city, state, zip) _____	
Email _____	
Facility owner printed name _____	
Facility owner signature _____	Date _____

APPLICANT INFORMATION	
Business/vendor name _____	Contact phone _____
Mailing address (city, state, zip) _____	
Email _____	
Business owner printed name _____	
Business owner signature _____	Date _____

RESTROOM ACCESSIBILITY INFORMATION (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Hot water at handwash sink(s) at or above 100°F <input type="checkbox"/> Hand soap <input type="checkbox"/> Disposable paper towels <input type="checkbox"/> For mobile units, distance from mobile unit to restroom is 500 feet or less. For all other establishments, distance from establishment to restroom is 200 feet or less.	<input type="checkbox"/> Required sign to notify food employees to wash their hands <input type="checkbox"/> Key accessibility (if applicable) <input type="checkbox"/> Distance from mobile unit to restroom is 500 feet or less <input type="checkbox"/> If customer seating is offered, a plumbed restroom allowing customer access must be available within 500 feet of seating.

CERTIFICATION AND ACKNOWLEDGMENT

By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:

- ✓ **This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD).** Should either party terminate the agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved restroom facility and a signed agreement is provided to KPHD.
- ✓ The restroom must be available for an inspection by the Kitsap Public Health District during inspections of the food service establishment.
- ✓ The operating hours of the food service establishment are limited by the availability of the restroom. I must close the establishment if the restroom becomes unavailable.

HEALTH DISTRICT REVIEW

Reviewed and accepted by:

Environmental Health Specialist

Date

PROPOSED MENU

Attach a menu or list each menu item in the space below. Put an asterisk (*) next to each menu item to which a consumer advisory will apply. Highlight proposed menu changes (if applicable). You intend to:

- Cool food
- Hot hold food
- Perform a special process- Variance and HACCP Plan Applications may be required; fees apply.
- Prep produce
- Prep raw meat

MOBILE FOOD UNIT FOOD PREPARATION FLOW CHART

(Include additional pages if needed)

FOOD PREPARATION **AT THE COMMISSARY**

Food	Thaw	Wash produce	Cut/ Assemble	Cook	Cold hold	Hot hold	Cool	Reheat	Portion/ Package	Overnight storage
Ex: Chicken soup		✓	✓	✓	✓		✓			✓

FOOD PREPARATION **ON THE MOBILE UNIT**

Food	Thaw	Wash produce	Cut/ Assemble	Cook	Cold hold	Hot hold	Reheat	Portion/ Package	Overnight storage	Other
Ex: Chicken soup						✓	✓			

PROPOSAL TO OPERATE WITHOUT A COMMISSARY KITCHEN

In some cases, a mobile unit may be self-contained and could operate without the use of a commissary kitchen. To be eligible, your mobile unit must include all equipment and fixtures aboard the unit which would normally be available in a commissary kitchen. In general, mobile units are not equipped with adequate freshwater capacity, wastewater capacity, food preparation space, indirectly drained food preparation sinks, or adequate refrigeration to accommodate all food preparation and food storage needs. If your proposal to operate without a commissary kitchen is accepted by the Health District, you will still be required to obtain potable water and to dispose of wastewater at an approved servicing area. Complete the following sections of the proposal to operate without a commissary kitchen. A mobile unit cannot serve as a commissary for other food businesses. You do not need to complete this section if you will be utilizing a commissary kitchen.

All equipment and fixtures typically available in a commissary kitchen must be included aboard your unit. Describe how you will or will not meet this requirement. If you will not meet this requirement, how will you bring the unit into compliance?

Describe how you will protect the mobile unit from contamination while it is not in use.

Describe how you will ensure required food temperatures will be maintained during storage, preparation, service, and transit.

Storage

Preparation

Service

Transit

Describe where and how your equipment will be stored when the unit is not in use.

Describe where and how your food will be stored when the unit is not in use.

Describe your warewashing plan. Be sure to include frequency of warewashing and how you calculated how much bigger your potable water tank must be to accommodate warewashing.

You will need an electrical power supply with adequate wattage to maintain TCS foods at proper temperatures.

Total wattage needed (from equipment list, pg. 12-13): _____ W

Wattage available (from your L & I paperwork): _____ W

If the wattage needed is more than the wattage available, describe how you address the difference.

Describe where you will get potable water from and how you will ensure the freshwater tanks are filled in a sanitary manner. Be sure to include how you will store equipment, such as the food grade hose, when not in use. If obtaining water from a commercial kitchen, submit a Commissary Kitchen Agreement.

Describe where you will dispose of wastewater and how you will ensure the wastewater tanks are emptied in a sanitary manner. If disposing of wastewater at a commercial kitchen, submit a Commissary Kitchen Agreement. If disposing at a site other than a commercial kitchen, submit a Wastewater Disposal Agreement.

Most food establishments generate some sort of liquid waste, such as used sanitizer solution, mop water, or unused beverage components (such as when making cocktail or espresso drinks). Describe where you will dispose of liquid waste.

Cleaning supplies, equipment, and chemicals must be stored on the unit. Where in the unit will these items be stored?

If you will use ice, describe where it will be obtained.

N/A, we will not use any ice.

Describe where and how you will dispose of garbage generated on your unit.

Describe where and how your equipment will be stored when the unit is not in use.

WASTEWATER DISPOSAL AGREEMENT

Food Service Establishment Application

Submittal Date	Dates of Usage (1 year maximum)
	From _____ To _____

By signing this agreement, the owner of the wastewater disposal facility certifies that the facility meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#). Recreational vehicle (RV) dumps may not accept commercial food wastewater.

WASTEWATER FACILITY INFORMATION	
Name of facility	Contact phone
Facility address (city, state, zip)	
Email	
Facility owner printed name	
Facility owner signature	Date

APPLICANT INFORMATION	
Business/vendor name	Contact phone
Mailing address (city, state, zip)	
Email	
Business owner printed name	
Business owner signature	Date

RESTROOM ACCESSIBILITY INFORMATION (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Food establishment can access site: <input type="checkbox"/> Twenty-four hours per day <input type="checkbox"/> Only at certain times (list days/times): _____	<input type="checkbox"/> A receipt is provided when used <input type="checkbox"/> Key accessibility (if applicable) <input type="checkbox"/> Site accepts commercial food wastewater

CERTIFICATION AND ACKNOWLEDGMENT

By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand or certify that:

- ✓ **This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD).** Should either party terminate the agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved wastewater disposal facility and a signed agreement is provided to KPHD.
- ✓ If the wastewater facility uses a holding tank or septic tank, the facility is approved to accept the wastewater by applicable local and state agencies.
- ✓ If the wastewater disposal facility is a recreational vehicle (RV) dump site, the owner understands they are agreeing to accept commercial food wastewater.

HEALTH DISTRICT REVIEW

Reviewed and accepted by:

Environmental Health Specialist

Date