MOBILE FOOD SERVICE PLAN REVIEW

SUBMISSION OF PLANS SHALL:

1. BE LEGIBLE

2. BE DRAWN REASONABLY TO SCALE (minimum of 1/2”=1’)

3. INCLUDE:

   A. MENU

   B. TOTAL AREA TO BE USED

   C. ENTRANCES AND EXITS

   D. LOCATION/TYPe PLUMBING FIXTURES
      i. Food trailers must have an ASSE 1024 backflow preventor on the incoming public water line
      ii. All mobile units shall have a sewage holding tank

   F. PLAN OF LIGHTING (all lighting must be shielded)
      i. Minimum of 50 foot candles of light required in areas of food preparation and a minimum of 20 foot candles of light required in hand washing and ware washing areas.

   G. FLOOR PLAN

   H. BUILDING MATERIALS (all building materials must be smooth, durable, and easily cleanable)

   I. EQUIPMENT LIST (all equipment must be commercial, NSF approved)

   J. FOOD STORAGE LOCATION (all food must be stored at least 6 inches off the floor)

   K. LOCATION, SIZE, AND CONTENT OF EXTERIOR SIGN
      i. Exterior sign must include the name of the operation, the city of origin, area code, and telephone number. Name and city of origin shall be displayed with individual lettering measuring at least 3 inches high and one inch wide.

AN APPROVAL LETTER WILL BE SENT TO THE OPERATOR ONCE THE PLANS ARE APPROVED BY THE HEALTH DEPARTMENT.

Revised 7/05
COUNTERTOPS:
A-Constructed of formica
B-Constructed of wood with plastic/acrylic finish

LIGHTING:
Will equal 50 foot candles at food preparation and
20 foot candles at 3 compartment sink

EQUIPMENT:
1-STAR Model 115D  15 lb Electric fryer
2-MERCO Model B2A  Heat lamp food warmer
3-APW Model 55750  11qt Round cooker/warmer
4-START Model  15 NC Nacho chip warmer
5-JET SPRAY Model TJW2  Whip drink machine
6-STAR Model 49  Standard popcorn machine
7-STAR Model 21-5RN  Nacho cheese warmer
8-Stainless steel hand wash sink
9-WARDS citation refrigerator
10-STAR Model 153031749C Electric water heater
11-Stainless steel 3 compartment sink
12'-6.5'
EQUIPMENT LIST

To be completed by applicant and submitted with plans for review

Use this list to indicate equipment LOCATION, TYPE, MAKE and MODEL NUMBER and if equipment is approved by NSF - yes or no. SUBMIT THIS ALONG WITH YOUR PLANS.

<table>
<thead>
<tr>
<th>LOCATION NUMBER</th>
<th>TYPE of EQUIPMENT</th>
<th>MAKE</th>
<th>MODEL NUMBER</th>
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