



Clark County Public Health Department

977 N York St. Martinsville, IL 62442

Phone: 217-967-2243 ~ FAX: 217-967-2345

<http://www.clarkhd.org>

Annual Application for Mobile Unit

Truck _____ Trailer _____ Pushcart _____ (select one)

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____

Commissary: Yes No Commissary Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Owner/Driver: _____

Food Served: _____

Food Source: _____

Certified Food Protection Manager: _____ Identification #: _____ Exp. Date: _____

Certified Food Protection Manager: _____ Identification #: _____ Exp. Date: _____

***** MECHANICAL REFRIGERATION REQUIRED ***** (Please check all that apply)

Food Protection: Off-ground Sneeze Shield Covered

Cooking Method: Grill Steam table/Electric Steam table/Sterno-Gas Fryers

Crock Pot other (explain) _____

Preparation Site: (location explanation) _____

Environmental Protection: Tent Trailer Umbrella

Indoors Protection: Pre-packaged Individually wrapped In covered containers

Source of Water: Public Private well Transported

Handwashing: Hand sink Dispensed soap Dispensed paper towels

Spigot thermos with catch bucket Handi-wipes (pre-packaged foods only)

Utensil Washing: Extra utensils 3 compartment sink

3 Compartment Sanitizer type: _____ Waste Water Disposal Location: _____

Event Sheet

Changes to the events listed below must be submitted to the Health Department.

Date & Time of Arrival	Name of Company / Location Event	Address	City

MOBILE UNIT INFORMATION

Please read and INITIAL on the line provided to the left of each statement below.

- _____ Food and ice must be obtained from an approved source. Receipts may be required. Proper scoops must be used for dispensing ice.
- _____ All food must be prepared on site or in an approved kitchen. Home prepared food will not be allowed for service. Meat and poultry products must be USDA or IDA inspected with proper labeling provided.
- _____ Adequate cold holding equipment must be provided to maintain potentially hazardous cold foods at 41°F or below at all times. Commercial grade refrigeration units are strongly suggested.
- _____ Adequate hot holding equipment must be provided to maintain potentially hazardous hot foods at 135°F or above. Proper cold and hot holding temperatures must be maintained during transportation.
- _____ A metal stemmed thermometer must be provided (glass is not acceptable) ranging from 0°F-220°F for monitoring internal cooking and holding temperatures. Thermometers must be accurate to +/- 2°F.
- _____ Equipment, utensils, etc. must be in good condition (no chips, pitting, etc.) All equipment and utensils must be cleaned and sanitized before the beginning of the event and as often as necessary, but no less than once a day. Any stand that is found to have a food build up on their equipment shall be shut down until all equipment is disassembled cleaned and sanitized.
- _____ Hand washing facilities must be provided including a hands-free flowing type container with a spout, warm water, liquid soap, single use/disposable paper towel, and a container for catching wastewater.
- _____ No direct/bare hand contact with ready-to-eat foods. Must use gloves, tongs, tissues, or utensils.
- _____ An approved water source must be provided. Food grade hoses are required and devices (i.e. vacuum breakers) must be provided to prevent back flow and back siphon age when a connection to a water supply is needed.

- _____ Dishwashing facilities may be required to wash, rinse, and sanitized equipment and utensils. Sanitizer concentration must be 50ppm chlorine or equivalent (approximately 1 tablespoon or capful of bleach per gallon of water).
- _____ Wiping cloth bucket must be provided with 100ppm chlorine concentration or equivalent to sanitize all food contact surfaces.
- _____ Test strips are required. Test strips are the only way to accurately determine sanitizer concentration. If you do not have test strips ask the health department where to purchase them.
- _____ All liquid wastewater must be disposed of into public sewers or in a manner approved by the Health Authority. Adequate waste receptacles must be provided.
- _____ All Mobile food stands must provide an overhead cover to protect the interior of the stand from the weather. Covers must be provided over all cooking equipment. All walls, ceiling and windows screened or protected with an approved air curtain to prevent entry insects.
- _____ Effective hair restraints must be provided and used by all employees (i.e. hairnets, etc.).
- _____ Only single-service utensils shall be used (forks, knives, spoons, cups, and plates) and shall be stored and dispensed in a way to prevent contamination.
- _____ Condiments (i.e. sugar, sauces, etc.) must be dispensed from approved, covered containers or single service packets (i.e. pump dispenser, “squeeze” type bottle, containers with self-closing lids, etc.)
- _____ Stands will not be allowed to open until the Clark County Health Department has conducted an inspection. Inspections will be conducted by appointment only. Please set up an inspection time prior to event. 217-466-3563.

Please enclose payment with this application, we accept check, money order, or credit/debit

Annual	\$ 50.00
---------------	-----------------

If you need help determining your category or fee, please contact Emily (217)-967-2243

I certify that I have reviewed this permit application and completed it to the best of my knowledge. I agree to be onsite at time of the event and will comply with all the rules and regulations of the provisions of the Food Service Sanitation Code adopted by the Clark County Public Health Department. I further agree that a valid permit issued to us by the Clark County Public Health Department shall be in our possession and displayed on the premises at all times during operation of this mobile food service establishment.

Signature: _____ **Date:** _____

**Permits will be issued onsite after passing inspection.
 **** FOR OFFICE USE ONLY ****

Date Received in Office: _____
Amount: _____ Type of Payment: _____ PERMIT # _____ Date Issued ____/____/____