APPLICATION TO OPERATE A MOBILE FOOD ESTABLISHMENT (APPENDIX I)

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

OPERATOR INFORMATION	MFE INFORMATION
Operator Name:	**Name of Mobile Food Establishment (MFE):**
Mailing Address:	**Location:**
City/State/Zip Code:	**Address:**
Contact Information (if different):	**City:**
Email address:	**Cell phone: ( )** **Other phone: ( )**
Type of Mobile Unit: **☐ Type 1 – Commercially packaged foods** **☐Type 2-Non-complex food preparation** **☐ Type 3-Complex food preparation** ***Reference the MFE document for definitions***	**Location where MFE will be parked/stored:** **Complete and attach Appendix II and menu.**
Servicing Area to Provide (Check all that apply): **☐ Food** **☐Water and Wastewater Disposal (same location)** **☐ Water (separate service area)** **☐Wastewater Disposal (separate service area)**	**Location where food is prepared/stored:**
Location(s) for water and wastewater disposal:	**Shared facility where food prepared/stored (if applicable):** **Permit # _____**

A mobile food establishment permit will not be issued unless this application meets all applicable requirements found in the FDA Food Code as summarized in the Mobile Food Establishment guidance document and the permit has been signed and approved by the local regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the mobile food establishment.

Applicants Name (Print): _____Applicants Signature:_____

Date: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved	Risk Category	Reviewer Signature/Title:
☐Yes ☐ No* See reason below.	☐ Food Service Type 1 ☐ Food Service Type 2 ☐ Food Service Type 3	_____/_____ Date:_____

Reason(s) for Disapproval:

_____

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