

WILL COUNTY HEALTH DEPARTMENT MOBILE UNIT WORKSHEET

A **mobile unit** is defined as a food dispensing operation on wheels with its own source of electrical and motive power, being 100% self-contained and able to perform its intended function while in compliance with all local, state and federal statutes. The same sanitation standards shall apply to a mobile unit as to stationary restaurants or other retail food establishments. **Mobile units are required to return daily to their base of operation.**

**OWNER INFORMATION:** a valid driver's license shall be presented at the time of application

NAME:	PHONE NUMBER:
HOME ADDRESS:	CITY:
FAX NUMBER:	EMAIL ADDRESS:
CERTIFIED FOOD HANDLER:	EXPIRATION DATE:

**BASE OF OPERATION:** (include your agreement letter) if your base of operation is located outside of Will County include a copy of the permit and most recent inspection  
 \*The base of operation is required for obtaining potable water, offloading waste water, extra storage of food and food related items and for cleaning and sanitizing the mobile unit, equipment and utensils.

HOURS OF OPERATION:	GPS TRACKER:
MONTHS OF OPERATION:	
FIXED LOCATION:	ROUTE: attach map

**VEHICLE INFORMATION:** permits are issued to an operator and vehicle. Permits may NOT be transferred to another operator. Permits may NOT be transferred to another vehicle. Permits expire 12/31/YYYY. Permits are renewed by paying for the annual permit and passing an inspection.

MANUFACTURER:	YEAR/MODEL NUMBER:
VIN:	LICENSE PLATE:
DESCRIBE THE SOURCE OF POWER:	POTABLE WATER TANK SIZE: (do you have a food grade hose?)
WATER HEATER CAPACITY:	WASTE WATER TANK SIZE:
WATER PUMP MANUFACTURER:	SHIELDED LIGHTING: circle one <div style="display: flex; justify-content: space-around; width: 100%;"> <span>YES</span> <span>NO</span> </div>

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SERVICE WINDOW SCREENS: circle one YES    NO		EXHAUST HOOD Length:                          Width:                          CFM:	
FLOOR FINISH:		WALL FINISH:	
CEILING FINISH:		COUNTERTOP FINISH:	
IN ADDITION TO THE ABOVE, THE MOBILE SHALL BE EQUIPPED WITH THE FOLLOWING EQUIPMENT: mark the box with <b>V</b> to acknowledge that this equipment will be onboard the mobile unit and used			
DIAL STEM THERMOMETER FOR MONITORING INTERNAL TEMPERATURE OF FOOD			<input type="checkbox"/>
DISPOSABLE GLOVES FOR A BARRIER TO READY TO EAT FOOD			<input type="checkbox"/>
HAIR RESTRAINTS (CAPS, VISORS OR HAIR NETS FOR ALL FOOD HANDLERS)			<input type="checkbox"/>
SANITIZER WITH TEST STRIPS FOR PREPARING A SANITIZER SOLUTION			<input type="checkbox"/>
SEPARATE HAND WASHING SINK EQUIPPED WITH SOAP AND PAPER TOWEL			<input type="checkbox"/>
THREE COMPARTMENT SINK WITH TWO DRAINBOARDS FOR CLEANING AND SANITIZING			<input type="checkbox"/>
MENU: list all food items to be served from the mobile unit or attach a menu. Place an <b>X</b> in the appropriate box. If the food item will be prepared in the mobile unit, or prepared at the base and served from the mobile unit or will be onboard the mobile and ready to eat without any preparation( cutting or cooking).			
MENU ITEM	PREPARED ONBOARD	PREPARED AT BASE	READY TO EAT
example: steak	X		
chopped onion		X	
sour cream			X
*Food obtained from a source that does not have the required permits or license may not be served from the mobile unit. This would include but is not limited to food prepared at home. Food purchased from another retail operation (fast food chain, pizza operation, bakery etc.) may not be served from a mobile unit.			

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EQUIPMENT: list all equipment for cold-holding, hot-holding, cooking, and plumbing fixtures. Attach a drawing of the placement of the equipment within the mobile unit. All equipment shall be commercial grade and bear the seal of NSF, International or the equivalent or be approved by the health department.

Equipment type	Manufacturer	Model number	Electric/propane

SEPARATE STORAGE AREA FOR TOOLS, CHEMICALS AND PERSONAL ITEMS

Indicate on your drawing the locations of these items. Mark the box with **V** to acknowledge a separate area for these items