AITKIN COUNTY ENVIRONMENTAL SERVICES
209 Second Street NW, Room 118
Aitkin, MN 56431
TELEPHONE: (218) 927-7266
FAX: (218) 927-4372

MOBILE FOOD UNIT, PUSH CART AND SEASONAL FOOD STANDS

Check the type of unit you want a license for:

_____ **Mobile Unit** shall mean a vehicle-mounted food service establishment or trailered unit, designed to be readily movable.

_____ **Push Cart** shall mean a non-self-propelled vehicle limited to serving non-potentially hazardous foods or commissary wrapped food maintained at proper temperature or limited to preparation and serving of frankfurters.

_____ **Seasonal Food Stand** shall mean a food and beverage service establishment that is either permanent or temporary of a "knock-down" nature and moved around with both operating no more than 14 consecutive days at one time.

New Owner _____ New Establishment _____ Remodel _____

Name of Owner _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Business and Home Telephone Numbers _____ _____

Owner's Mailing Address (if different from establishments) _____

_____

Name of person filling out this application _____

Email Contact _____

Projected Opening Date: _____

Provide a schedule of events where you plan to vend.

Is schedule attached? Yes or No

MN TAX ID _____ FED TAX ID _____

Workers Compensation Insurance Policy

_____

Type of Food Service:		Type(s) of Beverage:	
Full Food	_____	Liquor/Beer	_____
Limited Food	_____	Non-Intoxicating (3.2)	_____
Catering	_____	Soda/water	_____

The following must be submitted:

1. This application completed and signed. Plans drawn to scale showing layout of equipment, location of 3-compartment sink, handwash sink, food storage areas and chemical storage area.
2. Equipment schedule that includes Manufacturers' Specification Sheet(s) for each piece of equipment (include make and model number). This includes sinks.
3. Proposed menu.
4. Plan Review fee of $165.

Equipment and Installation:

Complete table below for all new and/or used equipment. **Include copy of specification sheet**. This information will be used to verify NSF approval.

Equipment Type	Manufacturer	Model Number	Installation Location	Intended Use

Ventilation

Make and model of the exhaust system with specification sheet attached:

_____

A mechanical exhaust system must be provided when grease laden cooking vapor, condensation, fumes, obnoxious or disagreeable odors or smoke are generated in the cooking process. This system must be NSF certified.

Electric, Gas and Fire Protection

Electrical service must comply with Minnesota Rules, Chapter 1315. It is your responsibility as the owner to ensure that the unit complies with these rules.

A fire extinguisher with a minimum 2A10BC rating must be present if required by fire marshal. Have you contacted local fire marshal for requirements? Yes or No

Do you have a fire extinguisher? What type?

_____

Gas hook-up and service must comply with Minnesota Rules, Chapter 1346. It is your responsibility as the owner to ensure that the unit complies with these rules.

Exterior Areas

If conditions require locating your unit on grass, gravel, dirt or other dust prone surface, a protective surface such as mats, removable platforms or duckboards must be provided. Mats and duckboard must be constructed of a non-absorbent and grease resistant material.

What will you be using? _____

_____

A canopy or other form of overhead protection must be provided if operating a SFS. All equipment must fit under the overhead protection.

What will you be using as a canopy? What size is the canopy?

_____

_____

Interior Surfaces

Floor, wall and ceiling surfaces must be smooth, durable and easily cleanable. FRP and stainless steel are examples of approved surfaces for walls. Floor surfaces should be commercial vinyl or equivalent. Interior lights must be shielded or coated. Fill out table below with materials that will be used. Attach specification sheet for flooring and counter tops that will be used.

Floor	
Base Cove	
Walls	
Ceiling	
Exterior of Cabinets	
Interior of Cabinets	
Countertops	
Shelving	
Shelving	
Light Shields	
Other	
Other	

Food Source

Food prepared at home may NOT be used. Food may not be stored in a private residence. Where will food be purchased and stored? Fill out the table below. Include beverages that will be served.

MENU DESCRIPTION (use additional sheets if necessary)

Write below a complete list of food and beverages that will be offered on the food facility menu			Where will this food be purchased?	Where will the food be prepared?	
FOOD ITEM	UNPACKAGED FOOD	PREPACKAGED FOOD		COMMISSARY	ON SITE

Food Storage

Indicate location where food will be stored at the end of the day.

Food Stored at:_____

Indicate location where food service unit will be stored at the end of the day.

Unit Stored at:_____

If storing food at a commissary, a signed written agreement form must be filled out and attached.

Request this form from Aitkin County Environmental Services if needed.

Will a commissary be used to store food? Yes or No

Cooking

Thermometers must be NSF and used to measure cooking/holding/reheating temperatures of food. What type will be used? It should measure 0-220°F.

_____

Hot/Cold Holding

1. How will hot food be maintained at 140^0 F or above during holding for service? (Indicate type and number of hot holding devices, NSF equipment required)

_____

_____

_____

2. How will cold food be maintained at 41^0 F or below during holding for service? (Indicate type and number of cold holding devices, NSF equipment required)

_____

_____

_____

_____

Reheating

How will food be reheated for hot holding so that all parts reach a temperature of at least 165^0 F for 15 seconds within 2 hours? Indicate type and number of units used for reheating food:

_____

_____

Food Service Bars

Will a salad bar, buffet or other form of food service bar be offered? Yes or No

If yes, specify what type(s):

_____

_____

How long will food be held continuously on food service bar?

_____

Are sneeze shields provided? Yes or No

Hand Wash Sinks

Does handwash sink have a soap dispenser, disposable single use towels, a finger nail brush and warm running water supplied?

Yes or No

Food Preparation Sink

Will food be washed and prepped on site at events? Yes or No

Will food be washed and prepped at a commissary? Yes or No

What types of food will require washing? _____

Water Source

Source for water? _____

Type of hose? _____

Backflow prevention device provided? Yes or No

Food grade hoses are required and shall be provided with a backflow prevention device.

Water Storage Tanks

Type and size of potable water storage tank

_____

Type and size of waste water storage tank

(note: waste water storage tank must be 15% larger than potable water storage tank)

_____

Waste water cannot be disposed of in a residential septic system.

Location where waste water will be emptied: _____

Dishwashing

Multiuse utensils and food equipment must be washed, rinsed and sanitized using a 3-step system. Space must be provided to air dry washed items.

a) Will a 3-compartment sink be provided? Yes or No
b) Will sink be integral (one piece)? Yes or No
c) Will sinks be large enough to immerse all items that will need washing? Yes or No
d) Will there be space to air dry washed items? Yes or No

Type of sanitizer that will be used, include brand _____

Sanitizers must be approved for food contact surfaces. Generic brands of bleach are not approved. Contact Aitkin County Environmental Services with questions pertaining to approved sanitizers at 218-927-7342.

Will test strips be provided for sanitizer? Yes or No

Garbage

Covered waste containers are required. Grease must be disposed at an approved facility.

Where will garbage and grease be disposed?

_____

_____

Sick Policy All foodborne illness must be documented and the records available for inspection. Attach a copy of the written sick policy and employee illness log.

If you need assistance with the section, reference materials are available from this department.

I certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Aitkin County Environmental Services may nullify final approval. Signature(s):

_____ _____

Owner(s) or responsible representative(s)

Date _____ Date _____

Approval of these plans and specifications by this Department does not indicate compliance with any other code, law or regulation that may be required. It does not constitute acceptance of the completed establishment. A pre-opening inspection of the establishment with equipment in place will be necessary to determine if it complies with the local and state regulations governing food service establishments.

Do Not Write Below This Line (For Office Use Only)
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