MCHENRY COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
2200 NORTH SEMINARY AVENUE
WOODSTOCK, ILLINOIS 60098
PH: 815-334-4585
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OFFICE USE ONLY	STAFF INITIALS:
DATE RECEIVED:	
CHECK # / CASH / CREDIT CARD:	
AMOUNT RECEIVED:	
RECEIPT NUMBER:	

MOBILE FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Your plan review must receive approval from this Department before you begin construction, enlarging, altering, or converting any of your building for the use as a restaurant, tavern, or food service facility.

Include in your plans:

1. Plan review form thoroughly filled out and submitted with the appropriate plan review fee.
2. Food service equipment specifications with manufactures' name and model numbers. Include equipment specification sheets.
3. Floor plan drawn to scale showing equipment, plumbing and ventilation (we do not require a schematic drawing of the ventilation system).
4. Copy of your proposed menu.

Inspections:

- Pre-opening Inspection – Once your plan review is approved and construction is completed, you can contact the Department for a pre-opening inspection. This is an optional inspection. At that time, we will inspect your facility before stocking, and training.
- Opening inspection – A final inspection will be done when all construction is complete, and the facility is in a ready to open. All fees including the health license fee is due at this time.

PLAN REVIEW FEES		
RISK CATEGORY ONE	**RISK CATEGORY TWO**	**RISK CATEGORY THREE**
$200.00	$145.00	$105.00

Category One Facility is a food establishment that presents a high relative risk of causing food borne illness based on the large number of food handling operations typically implicated in food borne outbreaks and/or the type of population served by the facility. The following criteria shall be used to classify facilities as Category I facilities:

1. Whenever cooling of TCS foods occurs as part of the food handling operations at the facility;
2. When TCS foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;
3. If TCS foods which have been previously cooked and cooled must be reheated;
4. When TCS foods are prepared for off-premises service for which time-temperature requirements during transportation, holding and service are relevant;
5. Whenever complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility;
6. If vacuum packing and/or other forms of reduced oxygen packaging are performed at the retail level;
7. Whenever serving immunocompromised individuals, where these individuals comprise the majority of the consuming population.

Category Two Facility is a food establishment that presents a medium relative risk of causing food borne illness based upon few food handling operations typically implicated in food borne illness outbreaks. The following criteria shall be used to classify Category II facilities:

1. If hot or cold foods are not maintained at that temperature for more than 12 hours and are restricted to same day service;
2. If preparing foods for service from raw ingredients uses only minimal assembly;
3. Foods served at an establishment that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants or Category I (high risk) food establishments.

Category Three Facility is a food establishment that presents a low relative risk of causing illness based upon few or no food handling operations typically implicated in food borne illness outbreaks. The following criteria shall be used to classify Category III facilities:

1. Only pre-packaged foods are available or served in the facility, and any TCS foods available are commercially pre-packaged in an approved food processing plant;
2. Only limited preparation of non-TCS foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or
3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

*** TCS – Time/Temperature Control for Safety Food (formerly potentially hazardous)**

Signature of Owner or Authorized Agent: _____ **Date:** _____

MOBILE UNIT INFORMATION	
Mobile Unit Name:	

OWNER INFORMATION	
Owner Name:	
Owner Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	

COMMISSARY INFORMATION			
Commissary Name:			
Address:			
City, State, Zip:			
Owner's Name:			
Owner's Telephone Number:			
Owner's Email Address:			
Water Supply:	☐ Private	☐ Municipal	
Sewage Disposal:	☐ Private	☐ Municipal	
Commissary Agreement:	☐ Yes	☐ No	☐ Not Applicable
	A commissary agreement is required if ownership of the mobile unit and commissary are not the same. The commissary agreement must state the activities that will take place at the commissary. (ie: Cleaning, preparing foods, storage, etc.).		

FOOD SOURCE	
Food Source:	
Address:	
City, State, Zip:	
Telephone Number:	

MOBILE UNIT INFORMATION			
Mobile unit make/model:			
Water holding tank:	☐ Yes	☐ No	Size in gallons:
Wastewater tank:	☐ Yes	☐ No	Size in gallons:
Water heater:	☐ Yes	☐ No	Max water temperature in °F:
Hand Sink:	☐ Yes	☐ No	
3-compartment sink:	☐ Yes	☐ No	
Adequate lighting:	☐ Yes	☐ No	☐ Not Applicable
Protective shield for lighting:	☐ Yes	☐ No	☐ Not Applicable (LED/ Shatterproof Bulbs)
All exterior doors self-closing and tight fitting:	☐ Yes	☐ No	☐ Not Applicable
Thermometers located in all refrigeration units:	☐ Yes	☐ No	☐ Not Applicable
Proper dispensers for single service items:	☐ Yes	☐ No	☐ Not Applicable
Overhead protection for self-serve condiments:	☐ Yes	☐ No	☐ Not Applicable
Window screens with 16 mesh/inch screening:	☐ Yes	☐ No	☐ Not Applicable

ROOM AND FINISHES *(in each box indicate finish type, paint type, and color)*			
FLOOR	**WALLS**	**CEILING**	**COMMENTS**

COMPLETE LIST OF ALL EQUIPMENT *(check box if yes)* (ie: Refrigeration Units, Freezer Units, Cooking Units, Hot Holding Units, Hood)								
ITEM NO.	**ITEM**	**MANUFACTURER**	**MODEL NO.**	IN NFS LISTING	SPECIALLY FABRICATED	MOVEABLE COASTERS/ROLLERS	SEALED NON-MOVABLE	SPACED 18" FROM WALL, 6" OFF GROUND
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
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				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐
Note: Equipment must meet NSF (National Sanitation Foundation) standards. A listing of equipment can be found at www.nsf.org								

STORAGE AREAS	
Location of storage area for employee's personal belongings	
Location of storage area for food and supplies	
Location of storage area for chemicals	

OPERATIONAL QUESTIONS	
Where is product prepared and stored?	
How are TCS foods maintained at proper temperatures during transport?	
How is leftover product handled?	
Where is the unit stored when not in use?	
Where will cleaning of the mobile unit take place?	**Interior:** **Exterior:**
Source for clean water:	
Describe procedure for how clean water tank will be filled:	
Location of storage for clean water hose:	
Location of wastewater disposal:	
Describe procedure for how wastewater is disposed:	
Location of storage for wastewater hose:	

ITEMS TO BE ATTACHED TO APPLICATION		
Attached	**Not Applicable**	
☐		Menu
☐		Pictures of mobile unit
☐		Diagram
☐		Mobile unit route (Provide approximate days, times, and locations for the mobile unit)
☐		Equipment specification sheets
☐	☐	Commissary agreement
☐	☐	Latest inspection report for commissary

REMARKS (***add any additional information you feel is pertinent to this application)***