PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH

INSTRUCTIONS & APPLICATION FORM

MOBILE FOOD BUSINESSES: PLAN REVIEW FOR CHANGE OF OWNERSHIP AND LICENSEE

For other applications and instruction manuals, go to:
www.phila.gov/health/foodbusiness

OFFICE OF FOOD PROTECTION, PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
321 UNIVERSITY AVE, 2ND FLOOR, PHILADELPHIA, PA 19104 / 215-685-7495

City of Philadelphia
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Office of Food Protection
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
www.phila.gov/health/foodbusiness

Welcome! The City of Philadelphia is excited to include your mobile food business among its outstanding array of restaurants and other food establishments. These instructions are designed to help guide you through the process of changing the ownership/licensee of an existing mobile food business.

You are required to submit the attached Plan Review Application Form if:

1. You are a current mobile food business owner and are changing the name on your food license(licensee); or

2. You are a new mobile business owner taking over an existing mobile food business and have not made any alterations to the food operations or physical facility.

3. You are a mobile food business owner selling WHOLE fruits and/or vegetables only (no sampling, cutting, or prepared foods).

For more information, please call or visit:

Office of Food Protection
Philadelphia Department of Public Health
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
www.phila.gov/health/foodbusiness
(215) 685-7495

Monday-Friday, 9 am-4 pm

You can also find us in the lower concourse level of the Municipal Services Building, 1401 JFK Boulevard (across from City Hall). Our current hours are on Tuesdays, 9 am – 1 pm. Go to the Licenses & Inspections ticket counter and ask to see us.

Where to Submit the Completed Plan Review Application

You may submit the Food Business Plan Review Application for change of ownership/licensee in person or by mail. A fee of $255.00 is required for this type of application. All fees must be paid by cashier's check, money order, or by credit card online (see "Fee Schedule," page 5). After the completed application and required fee payment are received, the application will be processed and reviewed.

> NOTE: If your application is approved, the Office of Food Protection will automatically conduct a food safety inspection within 10 business days. If you need to make specific arrangements for an inspection, please contact the Office of Food Protection.

Submit your application either by mail or in person:

Office of Food Protection
Philadelphia Department of Public Health
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
(215) 685-7495
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> NOTE: All food establishments in Philadelphia must conform to all applicable local or state agency codes or requirements, e.g.: PA Department of Labor and Industry, PA Department of Environmental Protection, PA Liquor Control Board, Philadelphia Zoning, Building or Plumbing Codes.

Fee Schedule

A. Required Fees ($255.00):

1. Application fee: $65.00
2. Inspection fee: $190.00

Payment in the form of cashier's check or money order should be made out to the City of Philadelphia – EHS. You can also pay your fees online with a credit card (see "NEW!" below).

B. Expedited Plan Review and Inspection Fee (if required):
If you want to request an expedited review and inspection, bring your application form and all required materials to the Office of Food Protection. There is an expediting fee of $315.00 *in addition* to the required application and inspection fees ($255.00). Please speak with a representative from the Office of Food Protection before requesting an expedited review.

> **NEW!** You can now pay your fees online with a credit card. You will need an email address, a daytime phone number, your invoice number, and the amount owed. To learn more, call (215) 685-7495.

Plan Review Instructions
FOR MOBILE VENDING OPERATIONS

This section details the information required as part of your plan review submission. The following are required of all mobile vending operations in Philadelphia:

A. Support Facility

Complete the Support Facility Information Form (Schedule A). All vending operations must have an approved support facility to support the operations of the vending unit and report at least daily to such a location for all food and cleaning supplies and service of operations for the unit.

A Support Facility Information Form must be completed and submitted to the Office of Food Protection. A copy of the most recent inspection report and license for the support facility should be submitted with the application.

The support facility used as a base of operation must be constructed and operated in compliance with the "Regulations Governing Food Establishments." Foods, beverages, and ingredients from support facilities located outside of the limits of the City of Philadelphia may be sold in Philadelphia if such sites conform to the "Regulations Governing Food Establishments" or their equivalent code as approved by the Office of Food Protection (OFP). The OFP will verify that the designated support facility is approved.

B. Food Safety Certification

Provide a copy of a City of Philadelphia Food Safety Certificate. All food handling requires a food safety certified individual to be present at all hours of operation with valid City of Philadelphia Food Safety Certificate.

Plan Review Application Form
FOR MOBILE VENDING OPERATION

Office of Food Protection
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
www.phila.gov/health/foodbusiness

A. Business Information

1) Name of Mobile Vending Operation (doing business as): _____

2) Address, City, Zip: _____

3) Food Business Location(s)/Area(s): _____

4) Business Phone: _____ Fax: _____

5) Email: _____ Website: _____

6) Hours of Operation: Mon-Fri _____; Sat_____; Sun_____

7) Anticipated Total Number of Employees Working Per Shift: _____

8) Please indicate type of operation:

_____ Existing Mobile Vending Unit (PDPH sticker #: _____)

_____ Modifing Mobile Vending Unit

_____ Support Facility Application Only

9) Please indicate mobile business type (check all that apply):

_____ truck

_____ trailer hitch unit

_____ pushcart stand

_____ foot peddler

_____ other _____

Licensee (owner, partnership, or corporation)	**Plan Review Contact Person (other than licensee; person who should receive all correspondence)**
Name _____ Co. President _____ Mailing Address_____ City, State _____ Zip _____ Phone _____ Fax_____ Email _____ Phila. Business Privilege # (if available) _____	Name_____ ____ Designer ____ Contractor ____ Manager ____ Other_____ Address _____ City, State _____ Zip _____ Phone _____ Fax _____ Email _____

Establishment emergency contact name: _____

Establishment emergency contact phone #: _____

B. Operational Details

Answer YES or NO to all items:

Has inside storage room for trash	YES	NO
Has outside dumpster/trash cans	YES	NO
Restrooms are readily available for employee use	YES	NO

Location:_____

I certify that the information provided on this application is correct to the best of my knowledge.
I understand that incomplete or illegible application will be returned unprocessed.

Applicant Name (Print): _____ Title:_____

Applicant Signature: _____ Date: _____

SCHEDULE A:
MOBILE VENDING OPERATION SUPPORT FACILITY INFORMATION FORM

A. SUPPORT FACILITY INFORMATION

1. Name of Support Facility: _____
2. Name of Support Facility Owner: _____
3. Address, City, Zip: _____
4. Business Phone: _____ Fax: _____
5. Email: _____ Website: _____
6. Do you operate from a support facility on a daily basis? _____YES _____NO

   If No, explain: _____
7. Do you report back to the support facility at the end of the day for all cleaning, servicing operations and waste disposal? _____YES _____NO

   If No, Explain: _____
8. What hours do you report to the support facility? Morning:_____ Evening:_____
9. Is this support facility inspected by the Philadelphia Health Department?_____YES _____NO

   If NO, provide a copy of a recent inspection report for the support facility.
10. Name of regulatory agency that inspects the support facility: _____
11. What fuel sources does your operation utilize (check all that apply)?

_____ Propane Fuel

_____Electrical Generator

_____ Other _____

12. Please check all types of food sold on your unit.

_____ Prepackaged only

_____Pretzels

_____Water Ice

_____ Ice Cream

_____ Produce

_____ Hot foods

_____ Cold foods

_____ Meat products

_____ Whole fish

_____ Processed fish

_____ Other _____

_____

B. FOOD SUPPLY INFORMATION

Provide food supplier information for prepared food not prepared on the mobile food unit and information for each food item if more than one food establishment provides prepared food, use the back of this paper if needed.

1. Name of Prepared Food Supplier: _____

   Address, City, Zip: _____

   Business Phone: _____ Fax: _____

   Email: _____ Website: _____

2. Address where purchase receipts are kept available for inspection at all times:

   _____

   Address, City, Zip: _____

   Business Phone: _____ Fax: _____

   Contact Name: _____ Phone: _____

3. The above Support Facility is used for the following:

   ____ Food

   ____ Water

   ____Supplies

   ____ Cleaning of equipment/utensils

   ____ Storage of vendor unit

   ____ Waste disposal

   ____ Repairs of vendor unit

Date: _____ Signature of Support Facility Owner/Operator: _____

NOTE: A Copy of Support Facility and/or inspection reports must be available for review by the Department of Public Health.

SCHEDULE B:
EQUIPMENT LIST

List the type, make and model number for all food service equipment and submit with manufacturer's cut sheet and specification. **All equipment must be designed and constructed in accordance with the sanitation criteria set forth by the American National Standard Institute (ANSI).**

ITEM NUMBER	**EQUIPMENT DESCRIPTION** (Include manufacturer name & model number)	**METHOD OF INSTALLATION**

SCHEDULE C:
MENU DESCRIPTION FOR FOOD PREPARED ON SITE

The preparation description portion of the worksheet must include: storage of foods, cooking time of foods, menu item assembly, preparation of foods, cooking temperature of foods, how menu item will be served. See instructions on page 14 for examples.

Food Item	Ingredients	Preparation Description

SCHEDULE D:
MENU DESCRIPTION FOR FOOD PREPARED AT PRE-APPROVED LICENSED FACILITIES

The preparation description portion of the worksheet must include: storage of foods, cooking time of foods, menu item assembly, preparation of foods, cooking temperature of foods, how menu item will be served. See instructions on page 14 for examples.

Food Item	Transportation Description	Preparation Description at the Mobile Unit	Facility Name, Address, Phone #, Food License #