



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

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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

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
www.phila.gov/health/foodbusiness

Monday-Friday, 9 am-4 pm

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).

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 #: _____)

_____ Modifying 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 _____

| <u>Licensee (owner, partnership, or corporation)</u> | <u>Plan Review Contact Person (other than licensee; person who should receive all correspondence)</u> |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Name _____ | Name _____ |
| Co. President _____ | _____ Designer _____ Contractor _____ Manager _____ |
| Mailing Address _____ | _____ Other _____ |
| City, State _____ | Address _____ |
| Zip _____ Phone _____ | City, State _____ |
| Fax _____ Email _____ | Zip _____ Phone _____ |
| Phila. Business Privilege # (if available) _____ | 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 | ____ Cold foods |
| ____ Pretzels | ____ Meat products |
| ____ Water Ice | ____ Whole fish |
| ____ Ice Cream | ____ Processed fish |
| ____ Produce | ____ Other _____ |
| ____ Hot foods | _____ |

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 |
|------------------------|----------------------------------------------------------------------------|-----------------------------------|
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**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 |
|------------------|--------------------|--------------------------------|
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**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 # |
|------------------|-----------------------------------|---------------------------------------------------|--------------------------------------------------------|
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