



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](http://www.phila.gov/health/foodbusiness)

## Table of Contents

	page
Welcome and Introduction	3
Where to Submit Plan Review Application	4
Fee Schedule	5
Plan Review Application Form	6

### **Schedules**

Schedule A: Support Facility Information

Schedule B: Equipment List

Schedule C: Menu Description for Food Prepared on Site

Schedule D: Menu Description for Food Prepared at Licensed Facilities



**Office of Food Protection**  
**7801 Essington Avenue**  
**Philadelphia, PA 19153**  
[www.phila.gov/health/foodbusiness](http://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  
7801 Essington Avenue  
Philadelphia, PA 19153  
(215) 685-7495

Monday - Friday: 9am - 4pm

[www.phila.gov/departments/departments-of-public-health/for-business-owners/food/](http://www.phila.gov/departments/departments-of-public-health/for-business-owners/food/)

## 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 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  
7801 Essington Avenue  
Philadelphia, PA 19153  
(215) 685-7495

Monday - Friday: 9am - 4pm

[www.phila.gov/departments/department-of-public-health/for-business-owners/food/](http://www.phila.gov/departments/department-of-public-health/for-business-owners/food/)

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 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  
7801 Essington Avenue  
Philadelphia, PA 19153  
(215) 685-7495

### 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 \_\_\_\_\_

<p><b><u>Licensee (owner, partnership, or corporation)</u></b></p> <p>Name of Company _____</p> <p>Co. President _____</p> <p>Mailing Address (if different than establishment address) _____</p> <p>City, State, Zip _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p><b><u>Plan Review Contact Person (this is the person who should receive all correspondence)</u></b></p> <p>Name _____</p> <p>___ Owner ___ Expediter ___ Designer ___ Contractor ___ Manager ___ Other _____</p> <p>Phone _____</p> <p>Email _____</p>
<p><b>Philadelphia Commercial Activity / Business Privilege License Number</b></p> <p>_____</p>	

**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.





