



# LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8<sup>th</sup> Street  
Ironton, OH 45638  
740-532-3962



**Public Health**  
Prevent. Promote. Protect.  
Lawrence County Health Department

Tony Virgin, MD  
Health Commissioner

Jim Meadows, MD  
Medical Director

## Mobile Food Service Operation or Retail Food Establishment Guide

**Name of Mobile:** \_\_\_\_\_

**Mobile Storage Location:** \_\_\_\_\_  
*Street City State Zip*

**Owner/Operator Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
*Street City State Zip*

Type of mobile food operation (*check box*):

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Concession Trailer/Truck | <input type="checkbox"/> Pushcart    | <input type="checkbox"/> Truck/ Cart Pushcart   |
| <input type="checkbox"/> Knockdown Concession     | <input type="checkbox"/> Frozen Food | <input type="checkbox"/> Mobile Cooker/ BBQ Pit |

**To obtain a mobile FSO/RFE license please submit the following information with this completed form:**

1. A sketch of the unit showing the location of the equipment, entrances/exits, etc.
2. A list of the equipment.
3. Surface finishes (floors, walls, ceiling).
4. Foods to be served/menu.

**Prior to Obtaining a Mobile FSO/RFE License:**

1. Receive approval for your submitted paperwork and complete guide.
2. Pass a pre-licensing inspection prior to operation. (Scheduled after plans are approved).
3. Submit Application for Mobile FSO/RFE License.
4. Submit annual licensing fee: **2024 License Fee: \$184.00**

## **Mobile Food Service or Retail Food Establishment License Requirements**

### **General:**

1. All floors, walls, and ceiling must be constructed of materials which are smooth and easily cleanable.
2. Additional food storage areas (trucks/trailers) must be constructed of smooth and easily cleanable materials.
3. Light bulbs in the unit must have light shields or be made so that they are shatter resistant.
4. An approved sanitizer (Chlorine, Quaternary Ammonium, Iodine) must be available for sanitizing equipment, utensils, and food contact surfaces. A means of testing the concentration of sanitizing solution must be available.
5. A metal stem thermometer must be available to check food temperatures.
6. Garbage cans must have tight-fitting lids.
7. All single service items and food products must be stored at least 6 inches off the floor or ground.
8. The name and city of origin must be placed on the outside of the mobile in letters at least 3" high by 1" wide. The phone number must also be posted but there are no size requirements for the phone number.
9. Push carts must return to a licensed commissary each day.
10. All mobile operators must wear a hair restraint (hat, helmet, hairnet, or visor) when working with food.
11. A mobile operation may not operate in the same location for more than 40 consecutive days. ORC 3717.01 (I)
12. Mobile licenses are recognized and valid throughout the state of Ohio. Please check with the local health department as some jurisdictions have additional requirements/ordinances.
13. The menu and drawing for your mobile food service operation will be printed on the back of your license by a sanitarian and must be available in your mobile at all times. (Any additions or alterations to your menu must be approved by the Lawrence County Health Department and added to the back of the license by your sanitarian).
14. High risk mobiles licensed after Sept. 1, 2024 are required to have at least one individual per license holder at each individual event with valid Person in Charge (PIC) certification.

### **Equipment:**

1. Commercially designed and approved equipment (such as NSF) for cooking, preparation and storage/holding of time/temperature controlled for safety (TCS) foods.
2. Equipment that will be used to fry food must be located under a ventilation hood and filters to extract grease.
3. All hot and cold holding units (refrigerators, hot boxes) must be equipped with a thermometer to read the ambient air temperature of the unit to ensure proper holding temperatures (below 41°F for cold holding and above 135°F for hot holding).

### **Plumbing:**

1. A three-compartment sink or a commercially designed and approved for wash, rinse, and sanitize of the equipment and utensils. The sink must be sized so that all equipment/utensils are able to be completely immersed into the sink.
2. A separate designated hand-sink with warm (at least 100°F) running water under pressure with access to antibacterial hand soap and drying provisions at all times.
3. A hot water tank that will supply a sufficient amount of hot water to all relevant sinks (three-compartment sink, handwash sink, etc.) during peak hours of operation.
4. A sewage-holding tank that is at least 15% larger than the water tank (if water tank is used).
5. If a water holding tank is used, it must be made from food-grade materials and the inlet must be protected from contamination. The tank must be sloped to an outlet.
6. If the unit will be directly connected to a water supply, a backflow device is required on the water supply line.
7. A food-grade hose if the mobile connects to a water supply.
8. Wastewater must be collected in an approved container and disposed of at an approved dump station. Wastewater cannot be disposed of in a catch basin designed for rainwater runoff.

## Preparation Review and General Information

Please indicate how your mobile will appease food safety codes for questions with multiple responses.

1. How will produce be prepared?
  - No produce will be used or served.
  - All produce will come into the mobile pre-washed and pre-cut (Supply invoices upon request).
  - All produce will be prepared in a separate food preparation sink.
  - All produce will be washed in the 3-compartment sink. Sink will be cleaned and sanitized before and after use.
2. What is your method of thawing frozen foods?
  - No thawing required for any menu items.
  - Thawing will take place under refrigeration.
  - Thawing will be done under cool running water.
  - Thawing will be done in the microwave followed by immediate transfer to conventional cooking equipment.
3. How will employees avoid bare-hand contact with ready-to-eat foods?
  - Disposable gloves
  - Deli tissue
  - Dispensing utensil with a handle
  - Other, *please explain:* \_\_\_\_\_
4. A chemical sanitizer must be provided for bacterial treatment of all food contact, surfaces, equipment, and utensils. Check the appropriate box for the type of sanitizer that will be supplied. Provide the appropriate test kit to accurately measure the concentration of sanitizing solution.
  - Chlorine
  - Quaternary Ammonium
  - Iodine
  - Other, *please explain:* \_\_\_\_\_

## Menu Information

Please list your menu below or attach menu to submitted documents. Include all food items to be sold from your mobile. (Ex. Seasonal foods, drinks, etc.).

Menu (All Foods/Drinks/Etc.)

## Preparation & Supplier

Please list all the food or drink items to be sold (including seasonal items), the supplier or source of the product, and how it will be prepared/stored such as prepackaged non-TCS/TCS; prepackaged frozen; or prepared on mobile non-TCS/TCS. Attach additional pages if needed.

Food Item	Supplier	Preparation (How it is prepared).
<i>Ex: Prepackaged Chips</i>	<i>SAM'S Club</i>	<i>Prepackaged Non-TCS</i>
<i>Ex: Sliced Tomatoes</i>	<i>Ironton Foodfair</i>	<i>Prepared on Mobile &amp; Refrigerated</i>

## Mobile Food Service Finish Materials

- List the materials that will be used to provide a smooth, easily cleanable surface.
- Coving must be used to seal the wall-floor joint.
- All installed equipment and counters must be sealed to walls and floors.

	Materials
<b>Floor</b>	
<b>Walls</b>	
<b>Ceiling</b>	
<b>Counters</b>	
<b>Cabinets</b>	

## Equipment List

Please provide the following information for all equipment you will provide in your mobile food service operation. All equipment must be approved by the health department before it can be used. If you need more space, please use the back of this sheet or additional paper. Information or specification sheets on equipment may also be provided for review.

Manufacturer	Model Number	Description	New	Used	Office Use: APP/DISAPP

**Mobile Facility Layout**

Approximate size of layout: \_\_\_\_\_ x \_\_\_\_\_

Indicate the following, if applicable:

- Handwashing
- Dishwashing
- Cooking Equipment
- Hot holding Equipment
- Cold holding Equipment
- Tables
- Storage/Shelving
- Serving Area
- Entrance/Exits
- Plumbing Fixtures
- Lighting Fixtures
- Any other equipment associated with your facility.

*\*Please attach drawings or architectural plans to application if available*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Date Received:	Date Reviewed:	Approval/Disapproval Letter Sent:
Date Approved:	Date Disapproved:	
Approved By:		EHS Signature: