



GRANT COUNTY HEALTH DISTRICT  
 1038 W. Ivy Ave · Moses Lake, WA 98837  
 (509) 766-7960 · [www.granthealth.org](http://www.granthealth.org)

## Mobile Food Unit Questionnaire

Fill out this form and attach it with your Food Establishment application form

This Questionnaire is for the following mobile unit:

BUSINESS NAME \_\_\_\_\_  
 (Name on outside of the unit; cannot be identical to any others; if needed, follow name with a number to distinguish between units)

BUSINESS OWNER NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

### Vehicle/Trailer Information:

LEGAL OWNER OF MOBILE UNIT _____	PHONE # _____
YEAR _____ MAKE _____ MODEL _____	
LIC PLATE # _____ VIN# _____	

### Operation Information:

Will this unit be operating in a fixed location? <input type="checkbox"/> Yes (if yes, provide address below) <input type="checkbox"/> No (if no, write a description of the operation location below or attach itinerary) _____ _____
Hours of operation: _____ Days: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN 1. Is this business seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which months: _____ 2. Is this business intermittent? (only operates in conjunction with events, no regular schedule) <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, fill out "event information list" and attach with this form)

### ANSWER THE QUESTIONS ON THE BACK OF THIS PAGE AND ATTACH AND SUBMIT THE FOLLOWING ITEMS:

☑	ITEM #	ITEM	DESCRIPTION
	1	Commissary	<b>Complete commissary application.</b> If the commissary is not already a licensed food establishment, a commissary license fee must be paid. If you are not the legal owners of the commissary facilities, an agreement letter signed by both parties must also be submitted. You may use the sample agreement provided.
	2	Restrooms	<b>Complete and submit restroom availability plan.</b> Must include plans and agreement (if you are not the owner) for an employee restroom within 500 ft when operating at a fixed location (more than one hour), and/or a restroom within 100 ft if you are providing customer seating and tables.
	3	Menu	<b>Provide a menu</b> or detailed list of all the foods and drinks you will be serving.
	4	Food Preparation Methods	<b>Describe food preparation methods</b> including the location where each food prep step will take place. Use the "food preparation table" provided with this packet.
	5	Floor Plan and Equipment List	<b>Provide a scaled top-view drawing</b> of inside the unit noting dimensions and layout of all equipment and facilities. Include all sinks, hot- and cold-holding equipment, cooking equipment and ventilation and plumbing details with each item labeled. Specify materials of the floor, walls and ceiling and all work surfaces.
	6	Photos	<b>Provide current photos of the mobile unit.</b> At least one side view, one front view and one inside view photos; must be in color.
	7	Department of Labor & Industries	<b>Provide copy of written L &amp; I approval.</b> Must show approval of electrical, water, structural and mechanical systems from the Washington State Department of Labor and Industries. <i>This requirement does not apply to vending truck/catering truck units.</i>
	8	Vehicle Registration	<b>Copy of vehicle registration</b> from the Washington State Department of Motor Vehicles.

**MOBILE UNIT QUESTIONNAIRE - must answer all questions; incomplete applications will not be accepted**

**Please write or circle "N/A" for any questions that do not apply to your operation.**

1. Where will the mobile unit be stored after hours? (include name and address; cannot be a residence)	
2. Where and how will the water tank be filled? (name/address)	
3. What is the source of water? (name of water system)	
4. Where will the wastewater be emptied? (name/address) (May require written contract)	
5. What is the size of the freshwater tank ? _____ gal	Size of wastewater tank? _____ gal
6. Will there be a restroom for employees within 500' when operating at a fixed location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Will you be providing customer seating and tables? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, will there be a restroom available to customers within 100 ft? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Will you be cooking/reheating foods on the mobile unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Will any food cooked on the unit require cooking prior to the day it is served? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10. Will you be hot-holding foods on the mobile unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will you be cold-holding foods on the mobile unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Will you be rinsing, soaking or thawing food in a sink on the mobile unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, will there be a separate food prep sink on the mobile unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
b. If no, will there be a separate food prep sink at the commissary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. Will there be a separate sink on the unit used only for handwashing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Will the handwashing sink have hot and cold water, soap and papertowels? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14. Will equipment and/or utensils be re-used on the mobile unit during daily operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, will there be a 3-compartment sink with drainboards on the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
b. If no, will there be a 3-comp sink at the commissary & an extra set of utensils on board unit ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16. Will you provide a garbage can with a tight fitting lid for customer use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Will there be a probe thermometer available on the unit to monitor temperatures of hot and cold foods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Will all cold-holding units have a thermometer inside to monitor temperatures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Will all employees have current WA State Food Worker Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SHOULD ANY OF THIS INFORMATION CHANGE, GCHD MUST BE NOTIFIED IN WRITING AT ONCE.  
THE PERMIT IS ONLY VALID FOR THE MENU AND PREPARATION STEPS APPROVED BY THIS OFFICE  
BY SIGNING, I ATTEST TO THE ACCURACY OF THIS INFORMATION.**

Name \_\_\_\_\_ (printed) \_\_\_\_\_ (signed)

Title \_\_\_\_\_ Date \_\_\_\_\_