

Mobile Food Unit Approval by Reciprocity Checklist

Facility name: _____

Submit all items listed in the checklist (required). Incomplete applications will not be accepted. Applicants must work with their primary county to ensure that all required documentation is included in this submission. If these requirements cannot be met, the applicant can apply as a new mobile food unit for review by the Snohomish Health District.

✓		ITEM	DESCRIPTION	Office Use Only
	1	Annual Permit Application	Provide a completed Snohomish Health District annual permit application	
	2	Current Operating Permit	Provide a copy of your current annual operating permit from the primary county	
	3	Approved Original Plan Review	<p>Provide a copy of the completed, approved plan review from the primary county. The approved plan review must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Approval letter from primary county <input type="checkbox"/> Menu <input type="checkbox"/> Food preparation steps <input type="checkbox"/> Floor plan <input type="checkbox"/> Equipment list <input type="checkbox"/> Finish schedule <input type="checkbox"/> Proposed itinerary (may use social media) <input type="checkbox"/> Source of water and on-board plumbing specifications <input type="checkbox"/> Employee restroom location (within 500 feet of food operations) <input type="checkbox"/> Operating procedures <input type="checkbox"/> Cleaning schedule <p><i>Note: Variances listed on the approval letter are not transferrable.</i></p>	
	4	Most Recent Inspection Report	<p>Provide a copy of the most recent food safety inspection report for the mobile food unit performed by the primary county</p> <p><i>Note: A secondary permit may only be issued if the most recent routine inspection report for the mobile food unit has no violations.</i></p>	
	5	Commissary, Servicing Area, or Exemption	<p>Provide a copy of any commissary agreements the applicant is required to maintain under the permit from the primary county</p> <ul style="list-style-type: none"> <input type="checkbox"/> Storage: Unit, refrigerated food, dry goods, utensils, cleaning supplies <input type="checkbox"/> Source: Fresh water, ice <input type="checkbox"/> Preparation: Cooking, cooling, thawing, produce wash <input type="checkbox"/> Sanitation: Cleaning and washing of smallwares, utensils, unit <input type="checkbox"/> Disposal: Wastewater, garbage <input type="checkbox"/> Power: Electrical connections available <input type="checkbox"/> Availability: Frequency needed, times open, equipment used <input type="checkbox"/> Functionality: Restroom, handwashing <p><i>Note: A secondary commissary is required if original commissary plan of operation is not able to be followed</i></p>	
	6	Restroom Agreement Letter	Provide a complete restroom agreement letter if the mobile food unit will be serving from a single site longer than 1 hour. Restrooms must be fully plumbed, accessible at all times, and be located within 500 feet of the serving location. Operators must confirm soap, running water, and disposable paper towels are available at all times of operation.	
	7	Annual Permit Fee	Upon approval, submit payment for annual permit fees with the Snohomish Health District.	



Food Stand/Mobile Food Unit Plan Review

Application must be completed in full and submitted with the correct fee.		
Reviewed by _____ SHD Initials		
TYPE OF PLAN REVIEW (Check applicable box)		
<input type="checkbox"/> \$815 General Plan Review & Inspection Fee (PE 5672)	<input type="checkbox"/> Food Stand Concession (New) <input type="checkbox"/> Mobile Food Unit (New)	
<input type="checkbox"/> \$205 Alteration to Existing Establishment or Revision of Approved Plan (PE 5685)	Changing your commissary or revising your approved plan. Includes preoperational inspection.	
ESTABLISHMENT INFORMATION		
Name:		
Site Address:		
City:	State:	Zip:
Unified Business Identifier (UBI):		
MAILING ADDRESS		
Name:		
Address:		
City:	State:	Zip:
OWNER INFORMATION		
Name:	Phone:	
Address:	E-mail:	
City:	State:	Zip:
CONTACT INFORMATION (if different than owner)		
Name:	Phone:	
Address:	E-mail:	
City:	State:	Zip:
COMMISSARY INFORMATION		
Name:		
Address:		
City:	State:	Zip:
<p><i>I understand I cannot open this food establishment until I have received written approval from the Snohomish Health District, obtained all annual operating permits, and have been inspected and approved by all applicable city, county and state agencies.</i></p> <p><i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Retail Food Code (WAC 246-215).</i></p>		
Signature:	Date:	
Print Name:		

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