



## MOBILE FOOD ESTABLISHMENT (FOOD TRUCK) PLAN REVIEW APPLICATION

(APPROVAL IS REQUIRED PRIOR TO CONSTRUCTION OR REMODEL)

Date: \_\_\_\_\_ Project start date: \_\_\_\_\_ Projected completed date: \_\_\_\_\_

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Type of construction (select one): \_\_\_\_\_ New \_\_\_\_\_ Remodel

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Name of person submitting plans: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Name of food truck: \_\_\_\_\_

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Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Plans: \_\_\_\_\_ Three (3) complete sets and two (2) additional sets of plumbing plans included

- FULL SIZE SHEETS (11" x 17" MIN. PLANS MUST BE LEGIBLE. SHEETS LARGER THAN 11" x 17" MAY BE REQUIRED)
  - PLANS DRAWN TO SCALE OF OPERATION (DIMENSIONS) SHOWING AND IDENTIFYING LOCATION OF EQUIPMENT, PLUMBING, ELECTRICAL SERVICES, MECHANICAL VENTILATION, ETC.
  - REVIEW FEE: \$150 – PAYABLE TO THE NORTHERN KENTUCKY HEALTH DEPARTMENT
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Proposed menu (select one): \_\_\_\_\_ Full menu included \_\_\_\_\_ List attached of all food and drinks

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT A MENU)

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Equipment: \_\_\_\_\_ Manufacturer specification sheets included

- MANUFACTURER SPECIFICATION SHEETS FOR EACH PIECE OF EQUIPMENT SHOWN ON THE PLAN, INCLUDING MAKE AND MODEL NUMBERS. SERIAL NUMBERS NOT REQUIRED.

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT MANUFACTURER SPECIFICATION SHEETS)

**Northern Kentucky Health Department**

8001 Veterans Memorial Drive, Florence KY 41042 | 859-341-4151 | [www.nkyhealth.org](http://www.nkyhealth.org)

Water heater information:

\_\_\_ Gas (BTUs): \_\_\_\_\_ \_\_\_ Electric (kW): \_\_\_\_\_ \_\_\_ Other: \_\_\_\_\_

\_\_\_ Tank \_\_\_ Tankless

Manufacturer: \_\_\_\_\_ Model : \_\_\_\_\_

Water storage capacity (gallons): \_\_\_\_\_ Number of tankless water heaters: \_\_\_\_\_

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT WATER HEATER INFORMATION)

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Water source: \_\_\_\_\_

Water supply capacity (gallons): \_\_\_\_\_

- NSF INTERNATIONAL APPROVED SUPPLY TANK FOR POTABLE WATER
- ENOUGH CAPACITY TO FILL 3 COMPARTMENT SINK TWICE, PLUS AN ADDITIONAL 5 GALLONS

Water supply tank dimensions: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Waste tank capacity (gallons): \_\_\_\_\_

- 50% LARGER THAN SUPPLY TANK REQUIRED

Waste tank dimensions: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT SUPPLY AND WASTE INFORMATION)

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Sanitary structural facility information:

- PROVIDE FINISH DETAILS, INCLUDING COLORS AND MATERIALS USED ON WALLS, FLOORS, CEILINGS, COVE MATERIALS, AND FOOD SERVICE COUNTERS. NOTE IF INFORMATION IS DETAILED IN PLANS.

Employee accommodations:

Explain where employee personal items are stored.

Outer opening (pass through window) dimensions: Length: \_\_\_\_\_ Height: \_\_\_\_\_

(SCREENS OR FANS PROVIDED FOR OPENINGS GREATER THAN 10 SQUARE FEET)

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Power Source: \_\_\_\_\_ Generator

\_\_\_\_\_ Electricity (plug into a building)

\_\_\_\_\_ Other: \_\_\_\_\_

(POWER SOURCE MUST COVER THE POWER REQUIREMENTS OF ALL THE EQUIPMENT USED)

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Operational plans:

Water source: \_\_\_\_\_

How will the clean water tank be filled:

\_\_\_\_\_ Food grade hose

\_\_\_\_\_ Other: \_\_\_\_\_

How will the food grade hose be stored:

\_\_\_\_\_ Closed container in the food truck

\_\_\_\_\_ Other: \_\_\_\_\_

Where will wastewater be disposed:

\_\_\_\_\_ Commissary

○ Location \_\_\_\_\_

○ Contact information: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Type of sanitizer that will be used:

Chlorine       Quaternary ammonium       Other: \_\_\_\_\_

Please note:

1) Complex food preparation shall not be performed in a mobile food establishment (food truck). Complex food preparation means the process of preparing a food item that includes two or more complete trips through the temperature danger zone between 41°F and 135°F.

2) A mobile food establishment (food truck) shall not serve as a catering operation unless it meets additional permitting requirements as a catering kitchen.

3) A mobile food establishment (food truck) shall be serviced and cleaned every day of operation.

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I certify that the information in this application is correct, and I understand that any changes without prior approval from The Northern Kentucky Health Department may delay or prevent plan review and/or the timely opening of this establishment.

Name (print): \_\_\_\_\_  Owner  Owner's representative

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