



MOBILE FOOD ESTABLISHMENT (FOOD TRUCK) PLAN REVIEW APPLICATION

(APPROVAL IS REQUIRED PRIOR TO CONSTRUCTION OR REMODEL)

Date: _____ Project start date: _____ Projected completed date: _____

Type of construction (select one): ___New ___Remodel

Name of person submitting plans: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of food truck: _____

Owner: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

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)

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

Water heater information:

___ Gas (BTUs): _____ ___ Electric (kW): _____ ___ Other: _____

___ Tank ___ Tankless

Manufacturer: _____ Model : _____

- MANUFACTURER SPECIFICATION SHEET REQUIRED

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

(PLAN REVIEW CANNOT BE COMPLETED WITHOUT WATER HEATER INFORMATION)

Water source: _____

Water pump: Manufacturer: _____ Model: _____

- MANUFACTURER SPECIFICATION SHEET REQUIRED

Water supply capacity (gallons): _____

- NSF INTERNATIONAL APPROVED SUPPLY TANK FOR POTABLE WATER.
- MANUFACTURER SPECIFICATION SHEET REQUIRED
- 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
- MANUFACTURER SPECIFICATION SHEET REQUIRED

Waste tank dimensions: Length: _____ Width: _____ Depth: _____

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

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)

Power Source: _____ Generator

_____ Electricity (plug into a building)

_____ Other: _____

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

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 mean 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.

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: _____