

MOBILE FOOD UNIT PLAN REVIEW APPLICATION

The Tennessee Department Health Rules and Regulations governing Food Service Establishments require that plans drawn to scale for food service establishments be submitted for review and approval to the local Health Department. Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

Submittal Checklist:

- Completed Mobile Food Unit Plan Review Application (this document)
- Food Equipment Layout showing the placement of each piece of food service equipment, including lighting, hand sinks, 3 compartment sink, refrigeration, cooking equipment, water heater, steam tables, hood, water pump, etc.
- Proposed Menu
- If applicable, a completed Knox County Health Department Commissary Agreement (*Completed by both applicant and restaurant permittee/owner*)

Type of Construction: New Remodel

Name of Mobile Food Unit: _____

Owner's Name: _____

Owner's Address: _____

Owner's City: _____, Tennessee Zip: _____

Owner's Phone Number (*if available*): (____) _____

Owner's Email Address: _____

Proposed Commissary (*if applicable*): _____
(Please include a completed a Knox County Health Department Commissary Agreement with application)

Address: _____

City: _____, Tennessee Zip: _____

Owner/Manager's Name: _____

Owner/Manager's Phone: (____) _____

Operation

Primary County of operation: _____

Proposed location/address of operation: _____

Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____

Projected number of meals served:

Breakfast: _____ Lunch: _____ Dinner: _____



Finish Materials (must be smooth, nonabsorbent, and easily cleanable)

Floors: _____ Walls: _____ Ceilings: _____

Potable Water Storage Tank

Water source: well water* utility water

**Provide results from well water test completed within the last year.*

Water tank storage capacity: _____ gallons

Location: _____ (i.e. outside or inside unit)

Construction materials: _____

Potable water hose stored in the following protected area: _____

Sewage Storage Tank

Permanently mounted sewage storage tank: Capacity _____ gallons

Location: _____ (i.e. outside or inside unit)

Type of sewer vent on unit: Vent to exterior & protected Vent to interior by an air admittance valve

Location where waste water tank will be emptied: _____

Approval received from the utility district where you will be emptying your waste tank? Yes No

Water Heater Specifications

Type: Tankless Tank

Manufacturer: _____

Fuel Type: Gas _____ BTU Electric _____ KW

Generator

Manufacturer: _____ Wattage: _____

Utensil Washing

Number of sink compartments: _____

Size of compartments (inches): Length: ____ Width: ____ Depth: ____

Size of drain boards (Length x Width in inches) Right: ____ x ____ Left: ____ x ____

Hand sinks

Number of hand sinks: _____

Splash shields present: Yes No

Lighting

Shatterproof bulbs: Yes No



Food Service Equipment List

Equipment Type	Manufacturer	Model
<i>Ex: 2 Door Refrigerator</i>	<i>Ex: True</i>	<i>Ex: TR-321</i>

Raw/Undercooked Foods

Will any animal foods such as beef, eggs, fish, shellfish, poultry, pork, milk, lamb, etc. be offered raw or undercooked? ___ no ___yes*, if yes, what food(s) _____

**Consumer advisory must be posted.*

Does your food establishment have an Employee Health Policy? ___ Yes ___ No *(If yes, please include a copy)*

Indicate any specialized processes that will take place. *Specialized process may need a state or local approved variance or HACCP plan.*

___Curing ___Acidification (sushi, etc.) ___Smoking ___Yogurt
___Reduced Oxygen Packaging (e.g.: vacuum packaging, sous vide, cook-chill, etc.)

Indicate which food product will be involved with the process checked above:



STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from the Knox County Health Department will prevent issuance of an operational permit for the establishment. I understand that the application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the establishment may be required and that if the establishment is not in compliance with TCA 68-14-701, an operational permit will not be issued. Approval of these plans and specifications does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).

Signature: _____ Date: _____
(Applicant or Designee)

Contact 865.215.5200 with any questions or concerns regarding the plans review process.

To submit plans, please choose one of the options listed below:

Mail: _____ Fax: _____ Email: _____
Knox County Health Department 865.215.5221 Environmental.plans@knoxcounty.org
Attn: Environmental Health
140 Dameron Ave.
Knoxville, TN 37917

For office use only:

Date application received: _____

Approved Unapproved Date Operator Notified: _____

Comments if unapproved:

