Name of Mobile Unit:	
Name of Owner/Operator:	
Phone Number:	
E-Mail Address:	
Name and Address of Commissary Kitchen (if applicable):	
Water Tank Sizes: Fresh Water _____gallons Waste Water _____gallons	

Menu Items	General Drawing and Layout of the Mobile Unit
1:	
2:	
3:	
4:	
5:	
6:	
7:	
8:	
9:	
10:	
11:	
12:	
13:	
14:	

Madison County Health Dept.
216 Boggs Ln. Richmond, KY 40475
(859)-626-4249
environmental@madisoncohd.com

MADISON COUNTY MCHD HEALTH DEPARTMENT

General Notes

(1) All food products served in a statewide mobile food unit shall be cooked or prepared in:
(a) A statewide mobile food unit permitted by the cabinet; or
(b) A food service establishment permitted by the cabinet.
(2) Complex food preparation shall not be performed in a statewide mobile food unit.
(3) The statewide mobile food unit shall not serve as a catering operation unless it meets additional permitting requirements as a catering kitchen.
(4) The statewide mobile food unit shall be serviced and cleaned every day of operation.
(5) The statewide mobile food unit shall meet the sanitation and plumbing requirements contained in the 2013 FDA Food Code and the Kentucky State Plumbing Code.
(6) Sewage and other liquid wastes shall be removed according to the 2013 FDA Food Code and the Kentucky State Plumbing Code.

I acknowledge that I must have property owner permission, restroom access, and functioning hot/cold water under pressure to operate. I acknowledge that operating without functioning water will result in the immediate closure of the mobile unit and possible suspension or revocation of the mobile permit.

Print Name:_____ Signature:_____

Date:_____