



BOROUGH OF EMMAUS

Borough of Emmaus

Board of Health

28 S. 4th St., Emmaus, PA 18049

Voicemail: 610-421-6064

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Emmaus Board of Health

APPLICATION FOR ANNUAL LICENSE TO OPERATE A MOBILE FOOD FACILITY

INSTRUCTIONS: Send the **COMPLETED** application, the total fee indicated, and all required documents indicated to the above address. Make the check or money order payable to the *Borough of Emmaus*. **DO NOT SEND CASH.** If you have questions, email (preferred) or call the Health Officer. **A license will not be issued until the license application is fully completed and the facility complies with all applicable regulations.**

TYPE OF MOBILE VENDOR

- ☐ Multiple locations throughout the day
☐ Stationary Location
☐ Special Events Only

Proposed Vending Addresses:

1. _____
2. _____
3. _____

SECTION A – MOBILE UNIT INFORMATION

Name _____
Address _____
Phone () _____
EMAIL: _____
Emergency # () _____

SECTION C – COMMISSARY/DEPOT INFORMATION

Facility Name _____
Address _____
Phone () _____
Operator or Manager _____

SECTION B – OWNER INFORMATION

1. Type of Ownership:
____ Corporation ____ Partnership ____ Sole Proprietor
____ LLC ____ Non-Profit ____ Other
2. Sole Prop. Name _____
3. Partner's Name(s) _____
5. CEO Name/Title _____
6. Business Address _____

7. Phone () _____
8. Where should all future correspondence be mailed? Check one:
____ Commissary Address in Section C
____ Business Address in Section B
9. EMAIL ADDRESS _____

Operational Information

1. Number of employees: _____ 2. Proposed days and hours of operation: _____

3. Certified Food Employee(s):

Employee Name: _____ Course: _____ Certificate No.: _____ Expiration Date: _____

Employee Name: _____ Course: _____ Certificate No.: _____ Expiration Date: _____

4. List of menu items (or submit a copy of the menu with your application): _____

5. What type of power source will be used? ☐ Generator ☐ Plug-in electrical connection

If using a plug-in electrical connection, detail the location of the connection on the site plan.

6. Motor vehicle information must be provided if a motor vehicle is used in the operation of the business:

Motor vehicle registration #: _____

Operator Name: _____

Motor Vehicle License Plate # _____

Operator Driver's License # _____

7. Is your commissary located outside the Borough of Emmaus? ☐ Yes ☐ No

If yes, you must provide a copy of the annual Health license and the most recent inspection report.

Food Handling			
Procedures	Yes / No	If Yes, Where Will Procedure Take Place	
		Mobile	Commissary
Washing fruits and/or vegetables	Yes No		
Thawing frozen foods	Yes No		
Food preparation - chopping, par-cooking, marinating, etc.	Yes No		
Cooking food	Yes No		
Cooling food	Yes No		
Reheating food	Yes No		
Refrigeration (cold holding) of foods	Yes No		
Steam table or other way of hot holding food	Yes No		
How will you thaw frozen foods: _____			
Explain what you will do with leftover foods: _____			
Will raw or undercooked animal products be served? Yes No			
If yes, list the specific animal products that will be served raw or undercooked (example: eggs, ground beef): _____			
Explain other procedures that you will be doing that have not been listed previously:			

Refrigerator/Freezer Capacity			
Unit Type	Yes / No	Make/Model of Unit	# of units
Reach in refrigerator (under counter)	Yes No		
Refrigerator (stand up)	Yes No		
Prep top sandwich refrigerator	Yes No		
Reach-in freezer (under counter)	Yes No		
Freezer (stand up)	Yes No		
Fridge/Freezer (stand up)	Yes No		
Other cold holding storage	Yes No		
Do you have thermometers inside each refrigerator and freezer: Yes No			

Plumbing Fixtures			
Three-compartment sink	Yes No	Food preparation sink	Yes No
Grease trap	Yes No	Backflow prevention device	Yes No
Handwashing sink	Yes No	Mechanical pump	Yes No
Hot & cold water	Yes No	Hot water heater	Yes No Gallons? _____

Hot Holding Units			
Unit Type	Yes / No	Make/Model	# of units
Steam Tables	Yes No		
Other Hot Holding Storage	Yes No		

Potable Water Source			
Municipal	Yes / No	Name of Municipality	
Private/Well	Yes No	** Lab Report required **	
Bottled Water	Yes No	**Invoice Required**	
Capacity of Potable Water Reservoir on Unit		Gallons	

Wastewater Tank – Must be 15% Greater than Fresh Water Tank			
Dimensions of Wastewater Tank (in inches)			
Length	Width	Depth	Capacity in gallons
Tank Location:			
How will the wastewater be removed and where will it be disposed from your wastewater tank?			

Note: Falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Application is hereby made for a license to operate a mobile food unit. By this application, I agree that the mobile unit will comply with all applicable ordinances and regulations. It is further agreed that said mobile unit shall be available for inspection by the Emmaus Board of Health / Health Officer. I also understand that the license issued in **NOT TRANSFERABLE**.

Signature

Title

Date

FEES	
Mobile Food Facility	
New Operational/License Fee (due upon approval)	\$60.00
Renewal Operational/License Fee (due annually)	\$60.00
Reinspection Fee (if failed routine inspection)	\$100.00

Amount Rec'd:	Expiration Date:
Date Rec'd:	Approved By:
Health License# Issued:	Date: