



# BOROUGH OF EMMAUS

Borough of Emmaus  
Board of Health  
28 S. 4<sup>th</sup> St., Emmaus, PA 18049  
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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 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 \_\_\_\_\_

**SECTION C – COMMISSARY/DEPOT INFORMATION**

Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Operator or Manager \_\_\_\_\_

**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 is **NOT TRANSFERABLE**.

Signature	Title	Date
<b>FEES</b>		
<b>Mobile Food Facility</b>		
New Operational/License Fee (due upon approval)	\$60.00	Amount Rec'd: _____
Renewal Operational/License Fee (due annually)	\$60.00	Expiration Date: _____
Reinspection Fee (if failed routine inspection)	\$100.00	Date Rec'd: _____
		Approved By: _____
		Health License# Issued: _____
		Date: _____