What is a mobile food service operation (FSO)?

3717-1-01(68) “Mobile Food Service Operation” means a food service operation that is operated from a moveable vehicle, portable structure, or watercraft and that routinely changes location, except that if the operations remains at any one location for more than forty consecutive days, the operation is no longer a mobile food service. “Mobile food service operation” includes a food service operation that does not remain at any one location for more than forty consecutive days and serves, in a manner consistent with division (F) of section 3717-01 of the Revised Code.

What is a mobile retail food establishment (RFE)?

3717-1-01(69) “Mobile Retail Food Establishment” means a retail food establishment that is operated from a moveable vehicle or other portable structure, and that routinely changes location, except that if the establishment operates from any one location for more than forty consecutive days, the establishment is no longer a mobile retail food establishment.

According to the Ohio Administrative Code 3701-21-03: Facility layout and equipment specifications are required to be submitted to the local health department for all new or extensively altered mobile food service operations or mobile retail food establishments.

The following items must to be submitted to this office:

- The attached application.
- Plan of facility drawn to scale. The following should be shown on the plans or submitted as attachments:
  1. Mobile outside dimensions,
  2. Entrances/ exits
  3. Location of all food service equipment listed with common name of each piece of equipment, etc.,
  4. Auxiliary areas such as storage trucks, buildings
  5. Electrical fixtures, lighting layout, mechanical ventilation, and plumbing fixtures.
- Menu: Attach a list of all foods/beverages to be sold.
- Equipment list with equipment manufacturers name and model numbers. Food equipment that is acceptable for use in a food service or retail food establishment shall be approved by a recognized food equipment testing agency, such as NSF.
- Letter(s) of approval, if applicable, from all other applicable agency

FEES:

- There is no fee for reviewing facility layout and equipment specifications
- Licensing fee: 2023 Annual Licensing Fee = $225.00
Submit licensing fee, application and all required documentation to:

PIKE COUNTY GENERAL HEALTH DISTRICT
Attn. Environmental Health – Food Division
116 S. Market St., Waverly, Ohio 45690
Phone: (740) 947-7721    Fax: (740) 947-1109

Some specifications required by code for mobile units water, plumbing, & sewage systems

3717-1-05.2 Water, Plumbing, & Waste: Mobile Water Tank & Mobile Water Service Operation

Water Tank
(A) Materials that are used in the construction of a mobile water tank, mobile food service operation water tank, and appurtenances shall be:
   (1) Safe; (2) Durable, corrosion-resistant, and nonabsorbent; (3) Finished to have a smooth, easily cleanable surface; and (4) Constructed of materials that meet N.S.F. standard 61 or the equivalent.
(B) A mobile water tank shall be: (1) Enclosed from the filling inlet to the discharge outlet; and (2) Sloped to an outlet that allows complete drainage of the tank.
(C) If a water tank is designed with an access port for inspection and cleaning, the opening shall be in the top of the tank and:
   (1) Flanged upward at least one-half inch; and (2) Equipped with a port cover assembly that is:
      (a) Provided with a gasket and a device for securing the cover in place, and 
      (b) Flanged to overlap the opening and sloped to drain.
(D) A fitting with “V” type threads on a water tank inlet or outlet shall be allowed only when a hose is permanently attached.
(E) If provided, a water tank vent shall terminate in a downward direction and shall be covered with:
   (1) Sixteen mesh to one inch (sixteen mesh to 25.4 millimeters) screen or equivalent when the vent is in a protected area; or (2) A protective filter when the vent is in an area that is not protected from windblown dirt and debris.
(F) A water tank and its inlet and outlet shall be sloped to drain. A water tank inlet shall be positioned so that it is protected from contaminants such as waste discharge, road dust, oil, or grease.
(G) A hose used for conveying drinking water from a water tank shall be:
   (1) Safe; (2) Durable, corrosion-resistant, and nonabsorbent; (3) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition; (4) Finished with a smooth interior surface; (5) Clearly and durably identified as to its use if not permanently attached; and (6) Constructed of materials that meet N.S.F. Standard 61 or the equivalent.
(H) A filter that does not pass oil or oil vapors shall be installed in the air supply line between the compressor and drinking water system when compressed air is used to pressurize the water tank system.
(I) A cap and keeper chain, closed cabinet, closed storage tube, or other approved protective cover or device shall be provided for a water inlet, outlet, and hose.
(J) A mobile food service operation’s or a mobile retail food establishment’s water tank inlet shall be:
   (1) Three-fourths inch in inner diameter or less; and (2) Provided with a hose connection of a size or type that will prevent its use for any other service.
(K) A water tank, pump, and hoses shall be flushed and disinfected according to rule 3701-28-17 of the Administrative Code before being placed in service and after construction, repair, modification, and periods of nonuse.
(L) A person shall operate a water tank, pump, and hoses so that backflow and other contamination of the water supply are prevented.
(M) If not in use, a water tank and hose inlet and outlet fitting shall be protected using a cover or device as specified under paragraph (I) of this rule.
(N) A water tank, pump, or hose used for conveying drinking water shall be used for no other purpose. This paragraph does not prohibit water tanks, pumps, and hoses approved for liquid foods to be used to convey drinking water if they are cleaned and sanitized before being used to convey water.
3717-1-05.3 Water, Plumbing, and Waste: Sewage, Other Liquid Waste, and Rainwater.

(A) A sewage holding tank in a mobile food service operation or a mobile retail food establishment shall be:
   (1) Sized fifteen per cent larger in capacity than the water supply tank; and (2) Sloped to a drain that is one inch in
   inner diameter or greater, and equipped with a shut-off valve.

(F) Sewage and other liquid wastes shall be removed from a mobile food service operation at an approved waste servicing
   area or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created.

(G) A tank for liquid waste retention shall be thoroughly flushed and drained in a sanitary manner during the servicing
   operation.

(H) Sewage shall be disposed through a facility that is:
   (1) A public sewage treatment plant; or (2) An individual sewage disposal system that is sized, constructed,
   maintained, and operated according to law.

Prior to licensing your unit must have the appropriate signage for the exterior of your
unit.

3701-21-02 (H)

- Mobile license shall be displayed for that unit at all times within the unit.
- Each operator of a mobile unit shall conspicuously display the name of the operation, the
  city of origin and the area code and telephone number on the exterior of the mobile unit.
- The name and city of origin of the mobile unit shall be displayed with individual lettering
  measuring at least 3 inches high and 1 inch wide.

☆ Some of the other agencies that may need to be contacted:

<table>
<thead>
<tr>
<th>Questions regarding:</th>
<th>Agency</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>☆ Labeling requirements,</td>
<td>Ohio Dept. of Agriculture</td>
<td>8995 E. Main St., Reynoldsburg, Ohio 43068</td>
</tr>
<tr>
<td>☆ Whole sale items,</td>
<td></td>
<td>Phone: (800) 282-1955 or (614) 728-6250 – Food Division</td>
</tr>
<tr>
<td>☆ Home Bakeries</td>
<td></td>
<td></td>
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<tr>
<td>☆ Farm/farmers markets,</td>
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<tr>
<td>☆ Dairy production, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☆ Fire Code Requirements and inspections</td>
<td>Your Local fire authority or the State Fire Marshall</td>
<td>State Fire Marshall (614) 728-5460</td>
</tr>
<tr>
<td>☆ The road worthiness of your mobile food units</td>
<td>Bureau of Motor Vehicles, Sheriff's office or other agencies</td>
<td></td>
</tr>
<tr>
<td>☆ Vendor licenses</td>
<td>Pike County Auditor</td>
<td>Phone: (740) 947-4125</td>
</tr>
</tbody>
</table>
EXAMPLES OF FLOOR PLANS

Example 1

---------(R)---------

(H) (I) (J) (D) (E)

(F)

(U) (G)

(T)

============(A)============

============(A)============

(P)

---------(R)---------

Example #2

Steam table
Coffee maker
Soda unit
Cooler
Freezer

Deep fryer

Shielded Lights

Service counter w/ window

Han a Water heater Wash Rinse Sanit

back flow preventer/ Fill tank/blue boy outside grill

Propane hook-up

Note: Floor plan can be hand drawn as long as it is legible and reasonably drawn to scale.

KEY:
A. Shielded lights
B. 3 compartment sink
C. Hand sink
D. Refrigerator
E. Freezer
F. Grill
G. Deep Fryer
H. Steam table unit
I. Coffee pots
J. Soda fountain
K. Freshwater tap/potable water holding tank fill port
L. Potable water tank
M. Backflow prevention device
N. Hot water heater
O. Gray water holding tank/ Blue Boy type catch basin
P. Propane hook-up
Q. Chemical storage
R. Serving window(s)
S. Outside grill
T. Entrance to unit
U. Hood/ vent system
V. Counter
| Name of Owner or Owner’s Representative: ______________________________________ |
| Mailing Address: ____________________________________________________________ |
| City: ___________ State ______ Zip ________ |
| Telephone: (_____)______________ Fax: (_____)______________ E-mail Address: __________________ |

| Name of proposed mobile unit: ____________________________________________ |
| Address of where unit will be stored: ________________________________ |
| City: ___________ State ______ Zip ________ |
| Telephone: (_____)______________ Township: ___________________ |

| When will your mobile be ready for final inspection: ___/___/___ |

1. Is this: ☐ New unit ☐ Remodel of a Pike County licensed mobile or ☐ Unit that was licensed in another County: Where was this unit licensed and when:________________________
   What type of unit is this: ☐ box-type concession trailer, ☐ tent unit, ☐ push-cart, ☐ water craft
   Outside dimensions of unit: __________ List hours of operation: __________________________
   ☐ No ☐ Yes Will your unit be set up at a certain location on a regular basis?
   If yes, where: ________________________

2. Where will employees store personal belongings (i.e., purse, coats, etc.)?
   Briefly describe policy to exclude/restrict food workers who are sick or have infected cuts/lesions:

3. **Menu:** ☐ Attach a menu or ☐ List the types of foods/beverages to be sold:

4. **Note:** All food and food contact supplies/equipment must be from inspected and approved sources.
   ☐ No ☐ Yes Will any of your supplies be purchased from an alternative source i.e. cottage food products?
   If yes, list name and phone # of person or business:

5. ☐ N/A ☐ No ☐ Yes Based on your menu, other than commercially packaged products that are not being repackaged in your facility (i.e. chips, candy bars, ice cream novelty items, whole sale frozen meats, etc.) will all food be prepared within the mobile unit? If no, where will the food be prepared?

6. ☐ N/A ☐ No ☐ Yes Will raw meats/poultry/seafood be stored in cold holding units with cooked/ready-to-eat foods? If yes, list how cross-contamination will be prevented?

7. ☐ N/A or list: Where will the shelf-stable food storage be located?
   ☐ N/A or list: Where will the paper goods storage space(s) be located?

8. ☐ N/A ☐ No ☐ Yes Will equipment be used outside the unit (i.e. grills, deep fryers, coolers, sinks, etc.)?
   If yes, remember to include these items on your required floor plan.

9. ☐ N/A or list: Total Number of Refrigeration units: _____ Total Number of Freezer units: _____
   ☐ N/A ☐ No ☐ Yes Will any food be stored cold using methods other than in refrigerators/freezers such as stored on ice, in insulated coolers etc.? If yes, list types of foods:

10. ☐ N/A ☐ No ☐ Yes Will your operation be thawing food items for preparation or for sale?
    ➔ **If yes, check types:** ☐ Thick meats , ☐ Thin meats, ☐ Seafood, ☐ Poultry, ☐ Cold foods, ☐ Baked goods
    ➔ **how:** ☐ Refrigeration, ☐ Running water, ☐ Cooked frozen, ☐ Microwave, ☐ Other
11. □ N/A □ No □ Yes  Will your operation be cooling any food items?,
   → If yes, check (4) type(s):
   □ Thick meats, □ Thin meats, □ Seafood, □ Poultry, □ Hot foods (Soups, gravies etc.), □ Cold foods (Tuna/Potato Salads etc.), □ Baked goods (Cream pies, etc.) □ Beverages
   → how: □ Refrigerator/freezer □ Shallow Pans, □ Ice baths, □ Rapid Chill □ Other: __________

12. □ N/A □ No □ Yes Are any foods prepared more than 12 hours in advance of service:
   If yes, list types:

13. □ No □ Yes  Will your operation be selling hot food items (cooking/receiving/heating/holding hot)?

14. □ No □ Yes  Will your unit have fountain drinks, coffee/beverage machines?
   □ No □ Yes  Will your unit be using ice?
   If yes, for what purpose: __________ & ice will be: □ Purchased commercially or □ made on premises

15. □ No □ Yes  Will there be any outside support (storage) vehicles, buildings, etc.?
   If yes, please list units and what will be stored in them:

16. □ N/A or describe how will employees avoid touching ready-to-eat foods?

17. □ N/A or describe where is the backflow prevention device (must be either ASSE #1012 or #1024) to be located on this unit?

18. □ N/A or describe where will you store your food grade water hose when it is not being used?
   Note: Water hoses must be food grade – no garden hoses for the fresh water supply.

19. □ N/A or Indicate if your facility will have the following types of sinks:
   □ 3 compartment sinks, □ 2 compartment sinks, □ Food preparation sinks, □ Hand wash sinks,
   □ Restroom sinks, □ Mop/utility sinks, □ Ice cream scoop wells, □ Other:

20. □ N/A or check type(s) of sanitizer is to be used in the 3-compartment/2 compartment sink:
   □ Chlorine, □ Quaternary Ammonium, □ Iodine, or □ Hot water (ie. for mechanical dishwashers)
   □ N/A or Describe location where washed utensils/equipment will be placed to air dry:
   □ N/A or Describe procedures for cleaning & sanitizing cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks.

21. □ No □ Yes  Does the unit have a restroom?

22. □ N/A* □ No □ Yes  Do all hand washing sinks have hot & cold or warm running water?
   *If your unit is not required to have a hand washing sink – explain how will employees clean their hands?

   □ No □ Yes  Are hand drying facilities (paper towels, continuous roll cloth type, air blower, etc.), soap dispensers and waste receptacles available at all hand washing sinks?
   □ N/A □ No □ Yes  Does each hand sink have a sign reminding employees to wash their hands?
   Choking posters, hand wash signs, etc. are available through this office.

23. □ N/A □ No □ Yes  Will trash be stored inside?
   □ No □ Yes  Will all containers of toxic/cleaning materials be clearly labeled?
   □ N/A or List storage location for clean linens: ___________ dirty/soiled linens: ___________
   □ N/A □ No □ Yes  If used, are insecticides/rodenticides stored separately from cleaning and sanitizing agents?
   Describe location for storing mops, brooms, cleaning chemicals, etc.:
24. □ N/A or What type of water supply will the proposed operation have? □ Community/Municipal, □ Well
   □ N/A or Where will sewage/gray water be disposed at? □ Community/Municipal, □ On site
   Ohio EPA or the Local Health Department based on usage regulates on-site sewage disposal and public wells.

25. □/N/A or: List surface finishes to be used: (i.e. paint, vinyl, metal, etc.)

<table>
<thead>
<tr>
<th>FLOOR</th>
<th>Main mobile unit</th>
<th>Support units, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEILING</td>
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Statement:
I hereby certify that the above information is correct, and I fully understand that any deviation from the above
without prior approval from this office may nullify this approval.

Signature: __________________________________________________________ Date: __________
Owner or Authorized Representative

Note: Your food license can only be issued when all of the following have been completed:

► Submitted application and plans have been reviewed and approved.*
► All other applicable agencies have given their written approval. Copies of approvals need to be
  submitted or available for this office’s verification.
► Appropriate licensing fee and licensing application have been submitted to this office.
► Your operation is complete and meets requirements of the Ohio Uniform Food Safety Code
► This office has conducted a pre-licensing inspection(s) and verifies that your operation is in
  compliance with applicable regulations.

*Approval of these plans and specifications by this office does not indicate compliance with any other code, law
or regulation that may be required federal, state, or local. It further does not constitute endorsement or
acceptance of the completed operation (structure or equipment).
2022 Application for a License to Conduct a: (check only one) Food Service Operation  
Retail Food Establishment

Instructions:
1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application by*: 03/01/2023

To: Pike Co. General Health District
116 S. Market St
Waverly, OH 45690

* There is a mandatory penalty fee of 25% of the renewal fee operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Name of Licensee Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Email</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>Check if applicable</td>
<td>Catering</td>
</tr>
</tbody>
</table>

Name of individual certified in food protection (if any) and their certificate number (use back for additional names)

Mailing address for annual renewal if different than above:

<table>
<thead>
<tr>
<th>Name of parent company or owner</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Email</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:

Signature |
Date

Licensor to complete below

Category

| License fee | Late fee | State amount | Total amount due |

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By | Date | Audit no. | License no.

As per AGR 1269 (Rev. 1/2018) The Baldwin Group, Inc.
As per HEA 5319 (Rev. 1/2018) The Baldwin Group, Inc.