Gila County Health & Emergency Management

5515 South Apache Ave., Suite 100, Globe, AZ 85501
PHONE: (928) 402-8811 | FAX: (928) 425-8817

110 West Main St., Suite A, Payson, AZ 85541
PHONE: (928) 474-1210 | FAX: (928) 474-7069

Mobile Food Unit Plan Review Application

Instructions:

1) Complete the form on the bottom of page 1 and look at the samples on page 5 to get the idea and you may use blank drawings on pages 6, 7, and 8 in this package to show the fixtures and equipment in your own unit, (separate engineering blue prints are also acceptable). Show the potable and waste water tanks locations, capacities, and related plumbing. Then, submit page 1 and your drawings to one of the addresses printed bellow.
2) Once you received an approval of your plan, you can start the construction of the unit. If you already have a unit that is constructed, you may either make an appointment for inspection or submit drawings of your existing unit for approval before making an appointment for inspection. If your unit needs any corrections or alterations, we will let you know before you come for inspection.
3) When you pass the inspection, complete the **Commissary Agreement** on page 4, complete application for **Permit to Operate**, and together with your food and beverage **Menu** submit them to one of the addresses printed below. You can also submit all these documents before coming for inspection.

4) Obtain a **Food Handler's Card** from Gila County Health Department as soon as you can before starting your food business. If you have a **Food Handler's Card** from other Counties and it is not expired, it is acceptable. However, <u>you must become a **Certified Food Service Manager** within 6 months</u> from the date you start to work as a **Mobile Food Unit** operator. For more information call the local health department:

Gila County Public Health Department
5515 S Apache Ave, Ste 100, Globe, AZ 85501
Phone: (928)402-8811
Fax: (928)425-0794

Gila County Public Health Department
110 West Main St, Ste A, Payson, AZ 85541
Phone: (928)474-1210
Fax: (928)474-7069

Name of Establishment: _____

Owners Name: _____

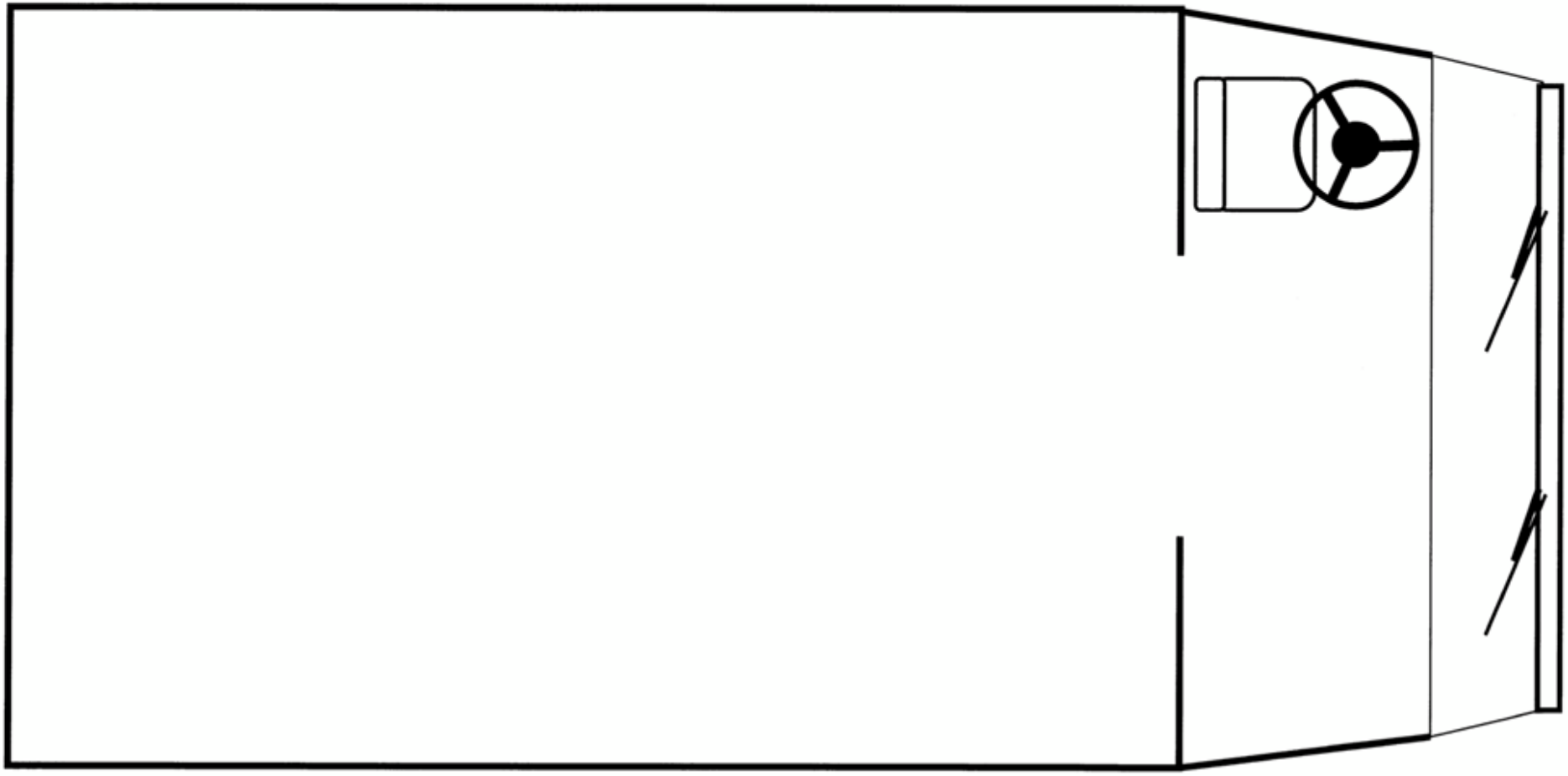
Physical Address: _____

Mailing Address: _____

Phone Number: _____

FLOOR PLAN

A)
C)
D)
E)
G)
J)
M)
O)
R)



INTERIOR SIDES & REAR VIEWS

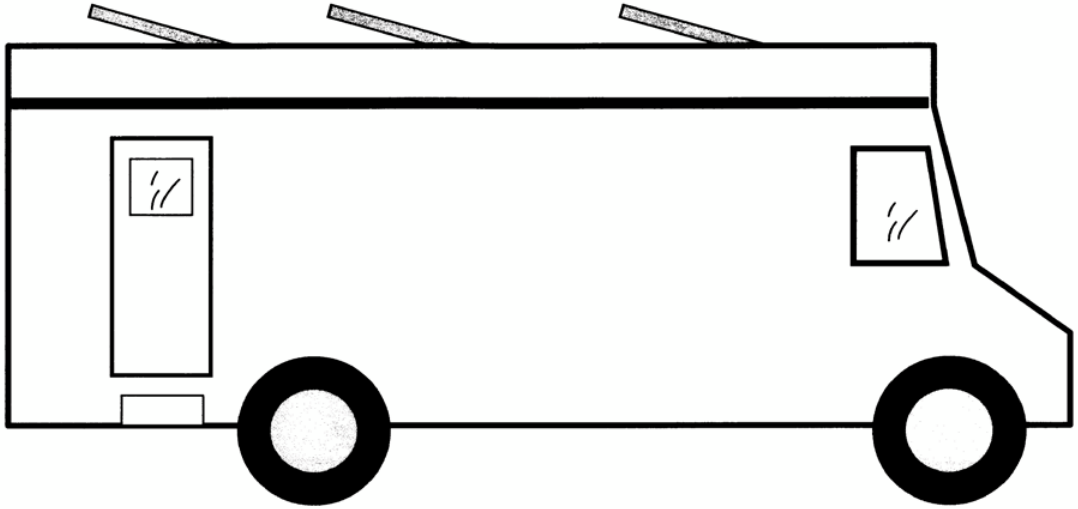
A)
B)
C)
D)
E)
F)
G)
H)
I)
J)
K)
L)
M)
N)
O)
P)
Q)
R)

INTERIOR LEFT SIDE

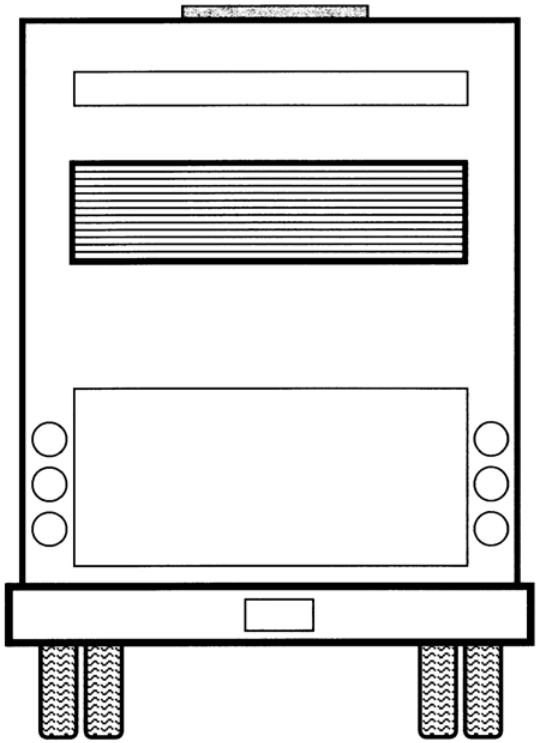
INTERIOR RIGHT SIDE

INTERIOR REAR SIDE

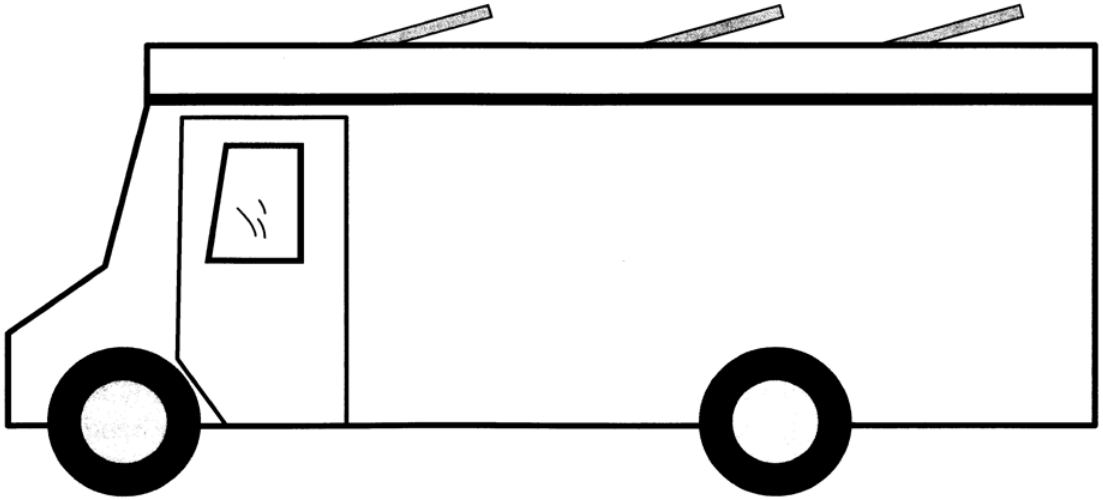
Exterior Service Side View (Right)



Exterior Rear View



Exterior Driver Side View (Left)



F)
G)
K)
O)
R)
S)
V)
W)
X)
Y)
Z)

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Commissary Agreement

Part A – To be completed by business owner

Business Name: _____

Owner's Name: _____

Owner's Address: _____

I agree to use the business listed below for all commissary services. I also understand that no food may be stored or prepared in a private home.

_____ Owner's Signature

_____ Date

Part B – To be completed by commissary owner

Commissary Business Name: _____

Commissary Owner's Name: _____

Gila County Permit Number: _____

(Check all that apply)

_____ I agree to allow the business named above to use my establishment to store and prepare food for use in their mobile food unit.

_____ I agree to allow the business named above to sue the ware washing facilities in my establishment to clean and sanitize equipment used in their mobile food unit.

_____ I agree to allow the business named above to use my waste water dump station to dispose of waste water from their mobile food unit.

_____ The above named mobile food business has contracted my services as a permitted waste water pumper to pump waste water from their mobile food unit.

_____ Owner's Signature

_____ Date