



Springfield-Greene County  
Health Department  
*Helping people live longer, healthier, happier lives*

**Springfield/Greene County Health Department  
Application to Operate a Mobile Food Service Unit**

**Permit Fee**

6 month Mobile Food Permit \$96.00

**Receipt #** \_\_\_\_\_

Directions: The operator of each Mobile Unit must complete this application and submit with the permit fee to the Springfield/Greene County Health Department.

Submission Date: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Name of Mobile Unit:  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Mobile Unit Owner/Operator  
(applicant):  
\_\_\_\_\_

\_\_\_\_\_

Phone #(s) \_\_\_\_\_

Fax # \_\_\_\_\_

**FOR STATIONARY MOBILE UNITS ONLY:**

Location of Unit: \_\_\_\_\_

Has the owner of the property where the Mobile Unit will be established obtained a Vendor Site Permit from the City of Springfield, Building Development Services?  Yes  No

Has permission been obtained (in writing) to use a public restroom within 500 feet of the Mobile Unit?  
 Yes  No

1. List **all** food and beverage items to be prepared and/or served. Attach a separate sheet if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will all foods be prepared at the Mobile Unit site?

\_\_\_\_\_ YES  
\_\_\_\_\_ NO

If NO, the operator **MUST** provide a copy of the latest inspection report from the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be held in the Mobile Unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### APPLICATION FOR MOBILE UNIT

4. Describe how food temperatures will be monitored:

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5. Identify the sources for each meat, poultry, seafood, and shellfish item:

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6. Identify the sources for ice used in the Mobile Unit:

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7. Describe the number, location and set up of handwashing facilities to be used by the Mobile Unit workers:

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8. Identify the source of the potable water supply and describe how water will be stored and distributed in the Mobile Unit. If a non-public water supply is to be used, results from the most recent water testing must be provided:

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9. Describe where equipment and utensil washing will take place:

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10. Describe WHERE and HOW wastewater from handwashing and utensil washing will be collected, stored and disposed:

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11. Describe the Mobile Unit structure to be used. Please indicate type of floors, walls, ceiling surfaces and lighting. Attach a simple sketch or diagram of Mobile Unit if needed.

FLOORS \_\_\_\_\_  
WALLS \_\_\_\_\_  
CEILING SURFACE \_\_\_\_\_  
LIGHTING \_\_\_\_\_

12. Describe how trash and garbage will be disposed of (dumpster site, waste company, frequency of pick-up): \_\_\_\_\_



13. Will service windows and other openings be screened?  Yes  No If No, please attach a Facility Plan for fly and insect control.

13. Will leftovers be saved for future use?  Yes  No  
If yes, how will the leftovers be handled:

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**STATEMENT OF VERIFICATION**  
**Application to Operate a Mobile Food Establishment**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from information provided on this application without prior permission from the Springfield/Greene County Health Department may nullify final approval.

Owner / Manager of Mobile Unit: \_\_\_\_\_

SIGNATURE (s) of APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Approval of these plans and specification by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

**Please mail application to: Springfield/Greene County Health Department**  
**320 E. Central**  
**Springfield, MO 65802**  
**Attn: Food Section Supervisor**

**For questions, please call: 417/864-1424**

[www.springfieldmogov.org/health](http://www.springfieldmogov.org/health)

\*\*\*\*\*APPLICATION APPROVAL\*\*\*\*\*

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

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DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Reason(s) for Disapproval:

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Reviewer

Title

Date