



**AMARILLO AREA PUBLIC HEALTH DISTRICT**

Cities of Amarillo, Canyon, the Villages of Timbercreek Canyon, Lake Tanglewood,

Palisades, the Town of Bishop Hills, and Potter and Randall County

CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971

Email: [ehhealth@amarillo.gov](mailto:ehhealth@amarillo.gov)

**Prepackage Only: Mobile Unit Plan Review Guide**

<p><b><u>Establishment Contact Information:</u></b></p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><b><u>Owners Contact Information:</u></b></p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
<p><b><u>Establishment Details:</u></b></p> <p>Total Square Footage: _____</p> <p>Number of Staff:      Day Shift: _____      Night Shift: _____</p> <p>Hours of Operation:      Sunday: _____      Monday: _____</p> <p>   Tuesday: _____      Wednesday: _____</p> <p>   Thursday: _____      Friday: _____</p> <p>   Saturday: _____</p> <p>Vehicle License Plate Number: _____</p> <p>Vehicle Description: _____</p> <p>_____</p>	

Comments:

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**Please include the following documents and information:**

Supplemental Information Needed:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Equipment schedule (list of all equipment including all permanent fixtures) **or**
- Manufacturer specification sheets for each piece of equipment shown on the plan; **\*\*Note\*\*** only NSF certified or equivalent commercial equipment is allowed within the Amarillo city limits

**Mobile Unit:**

1. In at least 3" lettering, are the following items shown on both sides of the unit;
  - A. Name of the business Yes  No
  - B. General description of the items being sold Yes  No
  - C. Permit numbers Yes  No
2. Where will the mobile unit be stored when not in use? \_\_\_\_\_
3. Where will all excess food products be stored? \_\_\_\_\_
4. Can the mobile unit maintain power to freezers when it is not being used? Yes  No   
If no, explain: \_\_\_\_\_

**Food Supplies:**

1. Where will you obtain all consumable products? \_\_\_\_\_
2. What is the projected frequency for obtaining these products? \_\_\_\_\_
3. Provide the amount of storage space (in cubic feet) allocated for:  
Dry Storage: \_\_\_\_\_  
Frozen Storage: \_\_\_\_\_
4. How will dry goods be stored off the floor? \_\_\_\_\_

**Cold Storage:**

1. Does your establishment have adequate and approved commercial freezers to maintain all frozen foods frozen? Yes  No   
Number of units: \_\_\_\_\_
2. Does each freezer have a thermometer? Yes  No

**General:**

1. Explain the policy to exclude or restrict food workers who are sick or have infected cuts and lesions:  
\_\_\_\_\_  
\_\_\_\_\_
2. How will you wash, rinse and sanitize your working surfaces?  
\_\_\_\_\_  
\_\_\_\_\_

**Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Amarillo Developmental Services Office may nullify final approval.**

Applicants Information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Owner(s) or responsible representative(s)

**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state or local government. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**