



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

Prepackage Only: Mobile Unit Plan Review Guide

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

Comments:

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)

If a Food Establishment is unable to make a scheduled opening inspection, you must notify the Environmental Health Department at ehealth@amarillo.gov or by calling your inspector at least 24 hours in advance, or a \$103.00 re-inspection fee will be assessed. **Please initial if read:** _____

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.