



City of West Haven Health Department
355 Main Street
West Haven, CT 06516
www.cityofwesthaven.com/164/Health-Department
PERMIT APPLICATION FOR MOBILE FOOD UNIT

MAY 1, 2024 – APRIL 30, 2025

**West Haven Health Department
Mobile Foodservice Unit Plan Review/Application**

The new or renovated Mobile Food Unit must undergo a plan approval process with the City of West Haven Health Department before it can operate.

This information is to assist you in obtaining all the permits and licenses necessary to operate a Mobile Food Unit. To make the process as quick and trouble-free as possible, please follow the steps below:

Step 1:

Contact **Planning & Zoning (P & Z)** at (203) 937-3580 to verify if you can vend in the designated location and obtain approval and **P & Z** signature on the Health Department Mobile Food Unit permit application (page 5). In order to move on to **Step 2** you must have approval from **Planning and Zoning**.

Step 2:

If approved with **P & Z**, complete the Mobile Food Unit application, gather the documents listed below, and submit a **copy** to the Health Department for review.

- Proposed menu
- Copy of certified food protection manager (CFPM) certificate for Class 2, 3, and 4
- The floor plan drawn to scale showing all equipment in its proposed locations, all food /food equipment storage areas and a numbered corresponding equipment list.
- Manufacturer equipment specification sheets (cut sheets) which correspond with the number of each piece of equipment.
- Finish schedule of the floor, wall, and ceiling and wall juncture types.
- Copy of Base of Operation health permit/license
- Copy of Base of Operation most recent health inspection report
- If you do not have a Base of Operation, based on the menu (to be reviewed by the health department), then a copy of the garbage and wastewater disposal agreement is required.

Note: Food cannot be stored or prepped at home.

****After you receive approval of your Mobile Food Service plan with the Health Department, you can proceed with Step 3.**

Step 3:

Contact the West Haven Fire Department to arrange inspection of your Mobile Food Unit and acquire the inspector's signature. (page 5) Below is a list of West Haven Fire District phone numbers:



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West Haven Fire Districts

Allingtown- (203) 933-2541

West Shore FD (203) 933-8420

West Haven 1st / Fire District (203) 937-3710

Step 4:

Call the Health Department at 203–937-3660 to schedule your inspection appointment. Once the unit is in compliance with the Health Department food code and city ordinances the sanitarian will sign the application.

Step 5:

After the Health Department staff member conducts their inspection and you have obtained a Health Department signature, bring your **final** signed application and all applicable documentation and fees required to the Police Department to obtain a Food Vending Permit through their department. Please contact the **West Haven Police Department (WHPD)** at 203-937-3920 for direction on what is required by their department.

Step 6:

After signature and Food Vending Permit are received from the Police Department, please return the **final** completed signed application to the Health Department along with a copy of the Police Food Vending Permit to obtain your Mobile Food Unit Permit from the Health Department.

Thank you for your patience with this process and good luck in your future business.



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Explanation of Fees:

NEW Applicant - \$100.00 CLASS 1 - \$150.00 CLASS 2 - \$250.00 CLASS 3 - \$350.00
(One time only)

ALL applicants must obtain various City Officials' signatures/approvals with application.
Please see page 5 for details.

ADMINISTRATIVE INFORMATION

1. Please indicate whether this is a New Application or a Renewal:

☐ **New Application (FOR NEW MOBILE FOOD UNITS ONLY)** ☐ **Renewal** ☐ **Change of Ownership**

2. Name of person filling out application _____ Title _____

3. Name of Mobile Food Unit: _____

4. Mobile Unit Owner: _____ Manager: _____

5. Mobile Unit Owner email: _____ Manager Email: _____

6. Mobile Unit Owner phone: _____ Manager Phone: _____

7. Unit Mailing Address: _____

8. Mobile Unit Vehicle Registration: _____ Plate # _____

9. Primary vending location _____

10. Location where food is prepared: ☐ In mobile unit ☐ Base operation (kitchen)

11. Name of Base Operation: _____

12. Base of Operation Owner: _____ Cell: _____

13. Base of Operation Address _____



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14. Class 2, 3 and 4 only:

Name of Certified Food Protection Manager (CFPM) _____

Cell number CFPM: _____

Class 1 only:

Name of Person in Charge (PIC): _____

Phone Number for PIC: _____

PRE-OPERATIONAL INFORMATION

1. Please answer the following based on operations ***performed in your mobile unit*** (check all that apply):

- ☐ Unit only serves packaged food that has been prepared at the permitted Base of Operation
- ☐ Unit does not cook any raw animal foods; only reheats commercially precooked ingredients.
- ☐ Unit cooks raw animal foods on the mobile unit.
- ☐ Unit serves raw or undercooked animal foods in a ready to eat form (*steaks/burgers, sashimi, eggs, etc.*)
- ☐ Other _____

2. Will any food be chopped, sliced, diced, or cooled on the unit? ☐ Yes ☐ No If YES, please describe where and how this will happen on the unit:

3. Sinks in/on unit:

- a. Will each sink be supplied with hot and cold running water under pressure? ☐ Yes ☐ No
- b. Number of handwashing sinks: _____
- c. Number of three compartment sinks: _____
- d. Number of food prep sinks: _____



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4. Describe your water supply:
☐ Public Water ☐ Well water (provide a copy of the well water report)
5. Water Heater Capacity: _____
6. Freshwater Tank:
1. Capacity/Volume: _____
2. Is there a food grade hose used on the freshwater tank? (A food grade hose is required)
☐ Yes ☐ No
3. Describe how to sanitize the freshwater tank?

7. Wastewater Tank:
a. Capacity/Volume (must be 15% larger than the freshwater tank): _____
b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch? ☐ Yes ☐ No
c. Is the drain equipped with a shut off valve? ☐ Yes ☐ No
8. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation:

9. Describe power supply:
☐ Propane ☐ Battery ☐ Electric

FOOD SAFETY

10. Where will foods be purchased?

11. How will Time/Temperature Control for safety (TCS) foods be maintained at proper temperature while unit is moved between locations? _____

12. Where will you prepare food? _____



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13. Will there be any food cooked in advance? If yes, explain.

14. How will cold foods be kept at 41° F or below? _____

15. How will hot foods be kept at 135° F or above? _____

16. How will food be reheated and to what temperature? _____

17. Do you have thin probe digital thermometer? ☐ Yes ☐ No

18. How will sanitized your thermometer? _____

19. How will the temperature of hot and cold foods be taken? _____

20. Will any foods be thawed? ☐ Yes ☐ No If yes, how, and when? _____

21. Does your menu require a consumer advisory? Will your truck be serving undercooked or raw food items such as: (beef, eggs, sashimi/sushi)? ☐ Yes ☐ No

*If yes, you will need a written consumer advisory (disclosure and reminder statement) displayed for customers on the menu stating, "thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness" and an *asterisk identifying the food items that may be cooked to order.*

22. Explain how food workers will limit bare hand contact with foods _____

23. Describe how you will sanitize utensils on the unit. _____

24. Are sanitizer test strips available to verify the concentration level of sanitizer? ☐ Yes ☐ No

(Ex: 50 -100 ppm Chlorine or quaternary ammonium)

Indicate type of sanitizer _____ Concentration: _____

25. Have you educated your employees on food allergen awareness? ☐ Yes ☐ No

26. Has the Health Department has provided you with the sign off sheet that must be kept onsite? ☐ Yes ☐ No



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27. Is there an allergen sign on your unit for your customers to view? ☐ Yes ☐ No

PLEASE NOTE – NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNLICENCED FACILITY ARE PERMITTED

ALL FOODS ITEMS MADE 24HRS IN ADVANCE MUST BE LABELED WITH NAME AND DATE IT WAS PREPARED

Signature of Applicant:

By this application it is hereby agreed that the Mobile Food Service Establishment will comply with all applicable provisions of the Connecticut State Public Health Code and the West Haven Food Code, Chapter 115 –10.

Name of Owner of Authorized Agent: _____

Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

REQUIRED APPROVAL SIGNATURES

ZONING DEPARTMENT (1ST) _____ Date _____

FIRE MARSHAL (2nd) _____ Date _____

HEALTH DEPARTMENT (3rd) _____ Date _____

POLICE DEPARTMENT (LAST) _____ Date _____

AND THEN RETURN TO HEALTH DEPARTMENT FOR FINAL ISSUANCE OF MOBILE FOOD PERMIT (with completed application & documents)

TAX DEPARTMENT STAMP

For Office Use Only

Date Paid: _____ Class: _____ Total Fee: _____

Approved by: _____ Title: _____

Signature: _____

Date Approved: _____ Permit #: _____



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Design for: _____

Scale 1 square=_____ft.

Indicate the placement of all major pieces of equipment including work surfaces, serving area, refrigeration, freezers, hot holding devices, cold holding equipment, cooking equipment, hand washing station, utensil washing facility, dry storage provisions, and/or any other equipment that you intend to use in the food truck. Indicate types of materials used for floor, walls and ceiling. (Examples: FRP, laminate, stainless steel, tile, etc.)

Note: Food must be stored 6 to 12 inches off the ground.