



GRAHAM COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health (928) 428-1962

826 West Main Street, Safford, Arizona 85546

FAX (928) 428-8074

Mobile Food Establishment Supplemental Application

Name of Establishment: _____

Name of Owner: _____

Type of Mobile Food Establishment:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hot Dog Cart | <input type="checkbox"/> Beverage Cart (coffee, lemonade, etc.) |
| <input type="checkbox"/> Corn Roaster | <input type="checkbox"/> Kettle Corn |
| <input type="checkbox"/> Shaved Ice | <input type="checkbox"/> Full Menu <input type="checkbox"/> with BBQ Unit |
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Trailer |
| <input type="checkbox"/> New | <input type="checkbox"/> Used (previously used as _____) |

CHECK EACH BOX
TO INDICATE THAT YOU HAVE SUBMITTED THE FOLLOWING INFORMATION

The following information must be enclosed for review:

- Plan** of Mobile Food Establishment drawn to scale, showing the location of equipment, counters, plumbing, mechanical, ventilation (hood and windows), the location of all electrical components (batteries, generators, etc.), and openings (windows and doors).
- Plumbing Layout** showing the location of the fresh water supply lines, hot and cold water lines, water pumps (with gallons per minute flow rate), and wastewater line connections. All sinks must be identified on the plans. The fresh water tank and wastewater tank must be identified. Include dimensions of the tanks to verify volume, or include copies of manufacturer's specifications. Identify overflow vents or tubes.
- Auxiliary Equipment** such as ice chests, BBQ units, salsa bars, etc., used for food storage or preparation must be represented on the plan.
- Commissary Agreement** with an approved, permitted commercial kitchen that is currently receiving a rating of "Satisfactory" or better, and whose operation will not be negatively impacted by acting as a commissary for the mobile food establishment. (Attach signed Commissary Agreement Form.)

Name of proposed commissary: _____

- Letter of agreement for wastewater disposal** if site is different from commissary. All wastewater from a Mobile Food Establishment (holding tanks and mop/wash water) is considered commercial wastewater, and must be disposed of properly.

Wastewater disposal will be at this address/facility: _____