



Columbia/Boone County Health Department  
1005 West Worley  
Columbia, MO 65203  
573-874-7346



## MOBILE FOOD ESTABLISHMENT/TEMPORARY/BBQ APPLICATION FOR OPERATING PERMIT

**Directions:** This application must be completed to the best of your ability and submitted to the Health Department for review prior to operating a BBQ/Temporary/Mobile Food Establishment (MFE).

A plan of the MFE and a plan of the Commissary (Attachment C) must be provided for review.

Name of MFE:
Name and Address Displayed on the MFE:
License Plate Information on Vehicle:
Owner/Operator Information:  Name: Address: Telephone:
Type of MFE (please check one): <input type="checkbox"/> Self-Sufficient Vehicle or Trailer <input type="checkbox"/> Vehicle or Trailer that is not Self-Sufficient <input type="checkbox"/> Push-Cart serving Potentially Hazardous Food <input type="checkbox"/> Push-Cart serving Pre-Packaged, Non-Potentially Hazardous Food <input type="checkbox"/> Other (describe)
Commissary Information:  Name: Address: Telephone:
Describe the location of the MFE in relation to the Commissary:
Locations, days, and times of service to customers: The District, Columbia, Mo. Oct. 3, 5p-11p and Oct 4, 11a-11p
Anticipated number of meals/servings per day:

List ALL food and beverage items to be prepared and served at the MFE:  
(attach separate sheet if necessary)

**Any changes to the menu must be approved by the Health Department prior to their service.**

List ALL food and beverage items to be prepared at the Commissary:

Identify the source for all food and beverage items, including the source of ice:

Will ALL foods be prepared and stored at the MFE?

YES – Complete Attachment A  
NO – Complete Attachment B and C

How will food temperatures be monitored at the MFE?

List the equipment and procedures that will be used at the MFE to maintain temperature of potentially hazardous foods:

Describe the location and design of the handwashing facility to be used at the MFE:

Identify the source of potable water and how such water will be provided to the MFE:  
(If a non-public water supply, such as a private well, is to be used, provide the results of the most recent water tests)

How often and how much water will be provided to the MFE?

Specify the location, number, and volume of potable water tanks to be used:

Describe the procedures for cleaning and refilling the potable water tanks:

Identify the location, source, and capacity of the hot water supply for the MFE:

Describe where and how dishes and utensils will be washed. Where will extra supplies of clean utensils be stored?

Describe how and where wastewater from handwashing and dishwashing will be collected, stored, and disposed of:

What is the volume and location of the wastewater collection tanks and the procedure for emptying the tanks?

Identify where toilet facilities will be located for the MFE workers:

Describe the number, location, and types of garbage disposal containers at the MFE:

Identify how, when, and where the garbage disposal containers will be emptied:

Describe the structure of the MFE (floors, walls, overhead protection, surfaces, and general facilities for food protection):

Describe how electricity, gas, propane, and other utilities will be provided to the MFE:

Please add any other information about the MFE and the Commissary that should be considered:

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Health Department may nullify final approval or result in permit suspension.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Approval of these plans and specifications by the Health Department does not indicate compliance with any other code, law, or regulation that may be required (federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the complete MFE (structure or equipment). A pre-opening inspection of the MFE with equipment in place and operational will be necessary to determine if the MFE complies with the local and state laws governing Mobile Food Establishments/Temporary/BBQ.

**Health Department Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Restrictions:**

**Permit Effective Dates:**

**Health Department Disapproval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reasons for Disapproval:**