



## MOBILE FOOD UNIT RECIPROCITY APPLICATION

The mobile food unit reciprocity permit is a permit issued by Mason County Public Health to a mobile food permit holder with a valid mobile permit in another county. The applicant may be required to submit additional restroom agreements as well as additional commissary agreements. While Mason County will not charge a fee for plan review or conduct a pre-operational inspection, the annual permit fee is still required prior to issuing the mobile food permit.

As you prepare your plans, please remember it is important to make sure your plans are accurate, complete, and legible. To ensure that the following items have been provided in your application, please initial off each item from the check list prior to submitting them to the health department. Once complete, please mail or drop off the entire application to the address listed above. Please allow at least 2 weeks to complete the initial review.

**MOBILE FOOD UNIT NAME:** \_\_\_\_\_

**Applicant(s) Contact Information:**

Applicants' Name: _____
Applicants' Mailing Address: _____
Applicants' Phone Number Home: _____ Cell: _____
Applicants' Email Address (optional): _____

**Owner(s) Contact Information (If the information is the same as above check box):**

Applicants 'Name: _____
Applicants' Mailing Address: _____
Applicants' Phone Number Home: _____ Cell: _____
Applicants' Email Address (optional): _____

**Commissary Information:** Applicants may still be required to complete the commissary agreement form provided if proposing to use a different commissary than what was originally approved. See agreement in this application.

**Mobile Food Unit Information**

Type of Mobile Food Unit: <input type="checkbox"/> Pushcart (Hotdogs and Coffee Only) <input type="checkbox"/> Vehicle <input type="checkbox"/> Trailer
• <u>Submit a full menu of items offered.</u>
Briefly Describe Menu Style of Food (i.e. American, Italian, BBQ, Asian, Greek, Mexican, etc.): _____
Overnight Storage Location: _____

**Initial Below Statement**

\_\_\_\_\_ **NO FOOD IS TO BE STORED PEPAED, COOKED, COOLED, AND/OR RE-HEATED IN A HOME KITCHEN**

<p><i>I have read and understood the entire proceeding document. I agree to all its requirements for obtaining a food establishment permit in Mason County. The undersigned attests to the accuracy of the information provided in this application. The applicant agrees to comply with Chapter 246-215 Washington Administrative Code Food and allow the regulatory authority access to the establishment as per the code requirements.</i></p> <p><b>I, the undersigned, have read instructions provided, and understand and agree to the application process and requirements of a food establishment:</b></p> <p>Owner Signature: _____ Date: _____</p>
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<b>Food Establishment Type: OFFICIAL USE ONLY</b>		
<b>RECIPROCITY MOBILE</b>	<b>Complex</b>	<b>Non-Complex</b>



**MASON COUNTY  
COMMUNITY SERVICES**

Building, Planning, Environmental Health, Community Health

**MOBILE FOOD UNIT RECIPROCITY APPLICATION CHECKLIST**

INITIALS	ITEM	DESCRIPTION	(For Office Use Only)
	Current Primary Mobile Food Unit Permit	<b>Operating permit</b> • The current primary mobile food unit from original regulatory authority	
	Complete Approved Plan Review	<b>Submit a completed approved plan review from the original regulatory authority that includes:</b> <ul style="list-style-type: none"> <li>• Menu and food preparation steps</li> <li>• Floor plan</li> <li>• Equipment specifications and location</li> <li>• Finish schedule</li> <li>• Source of water and specifications of the on-board plumbing</li> <li>• Site used for sewage disposal Availability of restrooms for employees</li> <li>• Operating procedures</li> <li>• Cleaning schedule</li> </ul>	
	Most Recent Inspection	<b>Submit a copy of the most recent inspection.</b> <ul style="list-style-type: none"> <li>• The most recent inspection shall demonstrate compliance with food safety standards.</li> </ul>	
	Commissary or Servicing Area Agreement	<b>Provide a signed commissary or servicing area agreement.</b> <ul style="list-style-type: none"> <li>• The person in charge of a mobile food unit must operate DAILY from an approved commissary or servicing area and shall return to such location for supplies, thorough cleaning, and other approved food service activities as noted in the operating procedure, unless approved for exemption under RCW 43.20.148 or at a frequency approved under WAC 246-215-09100(3).</li> <li>• Submit current commissary agreements that are required to maintain your permit from the original regulatory authority.</li> <li>• Mason County Public Health may require additional commissary agreements. <b>Use the commissary/servicing area form provided.</b></li> </ul>	
	Restroom Agreement	<b>The applicant/owner has contacted other government agencies to obtain approval to operate.</b> <ul style="list-style-type: none"> <li>• This is required when the mobile food unit parks and operates at one location for over an hour. Restrooms shall be within 500 feet of the mobile food unit and be made available for all employees and customers when seating is provided. <b>Use the restroom agreement form provided.</b></li> </ul>	
	Sale Location, Schedule	<b>Provide sales locations/schedule.</b> <ul style="list-style-type: none"> <li>• Provide the address of each location(s) where the mobile food unit will park if at a fixed or routine site and schedule with times and days of week when operating. <b>Use the site location/schedule form provided.</b></li> </ul>	
	Misc.	<ul style="list-style-type: none"> <li>• Cooling of any food items are prohibited unless prior approval is issued.</li> </ul>	



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## MOBILE FOOD ESTABLISHMENT COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Establishment: \_\_\_\_\_

License #: FEP \_\_\_\_\_ Owner Name: \_\_\_\_\_

Hours and Days of Operation: \_\_\_\_\_

Time and Days at Commissary/Servicing Area: \_\_\_\_\_

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food unit (MFE) operation. Please refer to the guide to differentiate between the two types of agreements. This agreement between the commissary or servicing area owner and the MFE owner signifies that both parties agree that the following services shall be provided.

- |   |  |
|---|--|
| Approved Water Source                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved Waste Water Disposal                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Garbage/Trash Disposal                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dry Storage Space (adequate shelving provided)        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Refrigeration (adequate shelving provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ice Machine Availability                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food Preparation Sink Availability (with air gap)     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Three Compartment Sink or Dishwasher Availability     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mop Sink Availability                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restroom Availability                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobile Food Unit Storage Availability                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| After-hours accessibility (entrance key provided)     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFE operating permit issued by Mason County Public Health.** This suspension is effective until a new agreement is provided and approved by Mason County Public Health.

### MOBILE FOOD ESTABLISHMENT COMMISSARY/SERVICING AREA AUTHORIZATION:

Commissary /Servicing Area Name: \_\_\_\_\_

Commissary/Servicing Area Operation Hours and Days: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME OF COMMISSARY/SERVICING AREA OWNER)

\_\_\_\_\_  
(SIGNATURE OF COMMISSARY/SERVICNG AREA OWNER)

\_\_\_\_\_  
(PRINT NAME OF MOBILE FOOD UNIT OWNER)

\_\_\_\_\_  
(SIGNATURE OF MOBILE FOOD UNIT OWNER)

(DATE) \_\_\_\_\_

(DATE) \_\_\_\_\_





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**MOBILE FOOD UNIT RESTROOM AGREEMENT**

A RESTROOM AGREEMENT IS REQUIRED IF OPERATING AT ANY LOCATION(S) FOR MORE THAN ONE HOUR. Restrooms shall not be located across from any major intersections or multiple lanes of traffic and shall be within 500 feet to a business that is open with the same operating hours and days, or access is available after hours.

**(A separate form will be needed for each restroom location or if hours of operation are covered by multiple restroom agreements)**

Mobile Food Unit: Mobile Food Unit Name: \_\_\_\_\_

Mobile Food Unit Site Location: \_\_\_\_\_  
(Street address) (city)

Mobile Food Unit Hours and Days (at above location): \_\_\_\_\_

Signature Mobile Food Unit Owner: \_\_\_\_\_

A mobile food unit parked at the same location for more than one hour and/or one that provides seating for customers MUST have restroom facilities within 500 feet of the mobile food unit. No crossing any major intersections or multiple lanes of traffic to reach the restroom. Restrooms shall have pressurized hot and cold water, soap, and single-use paper towels available. Both the operator and seating customers need access to restrooms during all hours of operation, including set up times. Failure to have any access may result in closure of the mobile food unit. Please respond to the following questions below:

- 1. Is your mobile food unit at the same location for more than one hour  Yes  No
- 2. Is customer seating provided nearby the mobile food unit  Yes  No

**If your answer is YES to one or both above questions, then mobile food unit owner must obtain authorization from a nearby business to have access to their restroom(s).**

**Restroom Facility Location:**

Business Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Hours and Days: \_\_\_\_\_

Approximate distance from mobile food unit to restroom (feet): \_\_\_\_\_

Does the mobile food unit owner/operator have access to these restroom(s) after hours:  Yes  No

Do customers of the mobile unit have permission to access these restrooms:  Yes  No

**Authorization to Use Restroom Facilities:**

\_\_\_\_\_  
(Printed Name of Person Authorizing Mobile Food Unit to Utilize Restroom Facilities)

\_\_\_\_\_  
(Signature of Person Authorizing Mobile Food Unit to Utilize Restroom Facilities) (Date)