



Mashantucket Pequot Tribal Nation
Environmental Health
P.O. Box 3202
Mashantucket, CT 06338-3202
Phone: 860-312-3039, Fax: 860-312-3530

Mobile Food Establishment (MFE) Application

New Business

Renewal

Change of Ownership

General Information:

MFE Truck Name:

Vehicle License Plate:

Vehicle ID Number:

Owner:

Address:

Telephone:

Email:

Type of MFE:

Check the type of MFE that best describes your unit:

Self-sufficient vehicle or trailer

Vehicle or trailer that is not self-sufficient

Push-cart

Pre-packaged, non-PHF/TCS push cart

Other, explained below*

*Describe the type of MFE that best describes your unit:

Check The Appropriate Menu Classification:

Commercially prepackaged food and/or hot/cold beverages only

Cold, ready to eat commercially processed food and/or hot/cold beverages

Preparation of hot food items which are consumed within 4 hours

Preparation of hot foods items which are held for more than 4 hours



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Food Preparation:

For food that is purchased pre-cooked and ready to serve from a licensed/commercial supplier, provide the following information about the supplier:

Name of Supplier:

Address of Supplier:

Telephone of Supplier:

Email of Supplier:

For food that is prepared by the license holder in a commercial kitchen, provide the following information about the kitchen:

Name of Kitchen:

Address of Kitchen:

Telephone of Kitchen:

Email of Kitchen:

If neither of the two food preparation choices above apply, please check the appropriate box:

All food is prepared and cooked in my vehicle/cart

All food is prepared and cooked in my home

Other, explained below*

*Describe where and how food is prepared:

Provide the following information about the ice source:

Name of Source:

Address of Source:

Telephone of Source:

List the equipment that will be used at the MFE to maintain temperatures of PHF/TCS foods:

Describe the procedures that will be used at the MFE to maintain temperatures of PHF/TCS foods:

Describe how ready-to-eat foods will be protected from raw foods of animal origin during storage, transportation, preparation by food workers, and cooking at the MFE:



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Servicing Area (a.k.a. commissary):

Name of Servicing Area:

Address of Servicing Area:

Telephone of Servicing Area:

Who will be the Person In Charge at the Servicing Area?

What is this person's phone number?

Water Supply at Servicing Area:

Public Water

Or

Well Water

Date Last Tested:

Site Operations:

When do you anticipate visiting Mashantucket?

Specific area within Mashantucket:

Day(s) of week:

Hours of operation:

Location of nearest restroom facility:

How many meals/servings do you anticipate serving per visit?

Who will be the Person In Charge at the site?

What is this person's cell phone number?

Size of clear water tank

Size of wastewater tank*

*must be 15% larger in capacity than the water supply tank

Method of wastewater disposal

Method of fryer grease disposal:

Describe how food, and related items that are not temperature sensitive (paper products, utensils, etc.), will be stored at the MFE?



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Describe the location and set-up of the hand washing facility to be used at the MFE:

Describe where utensil washing will take place:

Describe where extra supplies of clean utensils will be stored:

Describe which sanitizer(s) will be used at the MFE and where they will be stored:

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

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

Supplemental Information:

Please attach the following to this application:

- Copy of Menu
- Food Protection Manager Certificate
- Water test – if applicable

Verification of Information:

I hereby certify that the above information is correct. I have an affirmative duty to inform the MPTN Food Safety & Sanitation Office of any change to the information provided after this application is submitted. By signing this application I agree to comply with the MPTN Environmental Health Regulations.

Applicant Signature: _____

Date:

Print Name

Title: