

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 bes	et describes your unit:	
Self-sufficient vehicle or tra	niler	
Vehicle or trailer that is not	self-sufficient	
Push-cart		
Pre-packaged, non-PHF/TC	CS push cart	
Other, explained below*		

Check The Appropriate Menu Classification:

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

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



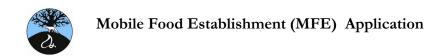
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Food Preparation:

For food that is purchased pre-cooker	ed and ready to serve	e from a licensed/com	nmercial supplier,	provide the
following information about the sup	plier:			

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:



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?



Describe the location and set-up of the hand	I washing facility to be used at the MFE:
Describe where utensil washing will take pl	ace:
Describe where extra supplies of clean uten	sils will be stored:
Describe which sanitizer(s) will be used at t	he 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 QFO Certificate Water test – if applicable 	on:
Verification of Information:	
Safety & Sanitation Office of any change to th	orrect. I have an affirmative duty to inform the MPTN Food e information provided after this application is submitted. By the MPTN Food Safety & Sanitation Regulations.
Applicant Signature:	Date:
Print Name	Title: