MOBILE FOOD LICENSE

A mobile food unit is defined as an operation that:

-Is operated from a movable vehicle, portable structure, or watercraft
-Routinely changes location
-Does not remain at any one location for more than forty (40) consecutive days

Ohio Law requires every person who intends to prepare or serve food from a mobile food unit shall make application for a license to the board of health of the health district in which the operator's business headquarters are located. If the business address is located outside of Ohio, the application for license must be obtained from the health jurisdiction in which the operator's first event in Ohio is located for the licensing year.

How to Obtain a Mobile Food License:

1) Before operating a new mobile food unit, you must submit a **Mobile Plan Review Application** to the Stark County Health Department. Please allow up to 30 business days for plan review.

2) Once the mobile plan review application has been reviewed, you will be contacted by an Environmental Health Specialist with instructions to pay for the mobile license.

3) Once you have paid for the license, an Environmental Health Specialist will contact you to schedule a pre-licensing inspection.

4) At the time of the pre-licensing inspection, the mobile food unit must be fully operational. Utilities must be connected and properly working, and all equipment must be present and set up as shown on the mobile layout.

5) Upon successful completion of the pre-licensing inspection the food license will be issued.

If you have any questions, please contact the Food Safety Program at (330) 493-9904

MOBILE PLAN REVIEW APPLICATION

INSTRUCTIONS: Complete all sections of this application and submit to the Stark County Health Department for approval. Please allow up to 30 business days for review.

NAME OF MOBILE: _____

OWNER'S NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____

TOWNSHIP OR VILLAGE: _____ **EMAIL:** _____

TYPE OF MOBILE:

- ☐ Knock-Down Tent/Canopy
- ☐ Food Truck or Trailer
- ☐ Other (Describe): _____

MENU List *all* food and beverages that will be served. (Use additional pages if needed or attach a menu):

_____

_____

_____

_____

_____

_____

FOOD SUPPLIERS List *all* sources where food will be purchased: _____

_____

_____

_____

FOOD PREPARATION Please indicate whether any of the following food processes will be done in the mobile food unit. List the food(s) and describe the process in detail.

***All food must be prepared on the mobile food unit or in a licensed food facility. With the exception of approved Cottage Foods and Licensed Home Bakeries, food is prohibited from being made at home and served from the mobile food unit.**

THAWING Yes ☐ No ☐ _____

_____

COOKING Yes ☐ No ☐ _____

_____

SMOKING Yes ☐ No ☐ _____

_____

COOLING Yes ☐ No ☐ _____

_____

REHEATING Yes ☐ No ☐ _____

_____

CATERING Yes ☐ No ☐ _____

_____

HOT HOLDING Yes ☐ No ☐ _____

_____

PREPARING OR STORING FOOD AT A LOCATION OTHER THAN THE MOBILE UNIT Yes ☐ No ☐

*If yes, please provide the name and address of the approved location(s)

_____

_____

WATER STORAGE Will the water supply be self-contained (i.e. water storage available)? Yes ☐ No ☐

- **If YES, how big is the fresh water storage tanks?**

  Fresh Water Capacity: _____ Gallons

- **If NO, how will *fresh* water be supplied to the mobile?** _____

  _____

> ***PLEASE NOTE:*** If you plan to connect to the water supply on location or at an event, whether or not your mobile is self-contained, you will be required to have an **ASSE 1012 or 1024** dual check-valve backflow prevention device. In addition, a potable (food grade) water hose is needed.

- **What is the size of the waste water storage tanks?** *NOTE*: Waste water tank(s) must be sized at least 15% larger than the fresh water storage tank(s) to accommodate additional liquid waste.

  Waste Water Capacity: _____ Gallons

- **How will *waste* water be contained?** _____

  _____

WATER SOURCE What is the source of the water supply? Municipal (City) ☐ Well ☐

*****If you plan to use water from your home and you have well water, a water sample must be collected by the Stark County Health Department prior to operation.

WATER DISPOSAL Describe how and where waste water will be disposed:

_____

_____

SINKS Will the following sinks be installed and supplied with hot and cold running water?
*Sinks may not be required if serving only prepackaged foods. Contact this office to discuss your specific operation.

- **Handwashing sink** with soap, paper towels, and adequate splash prevention Yes ☐ No ☐
- **Food prep sink** (*Required* if menu items need washed, rinsed, etc.) Yes ☐ No ☐
- **Three compartment sink** large enough to submerge at least 51% of the largest piece of equipment and equipped with drain boards on each side Yes ☐ No ☐

NOTE: The hot water supply must be adequately sized to provide hot water to all sinks.

Please indicate the size of the hot water tank/heater:

Water Heater Capacity: _____ Gallons

EQUIPMENT Will equipment be commercial-grade and recognized by one or more of the following testing agencies?

No residential equipment is permitted unless approved by the Stark County Health Department

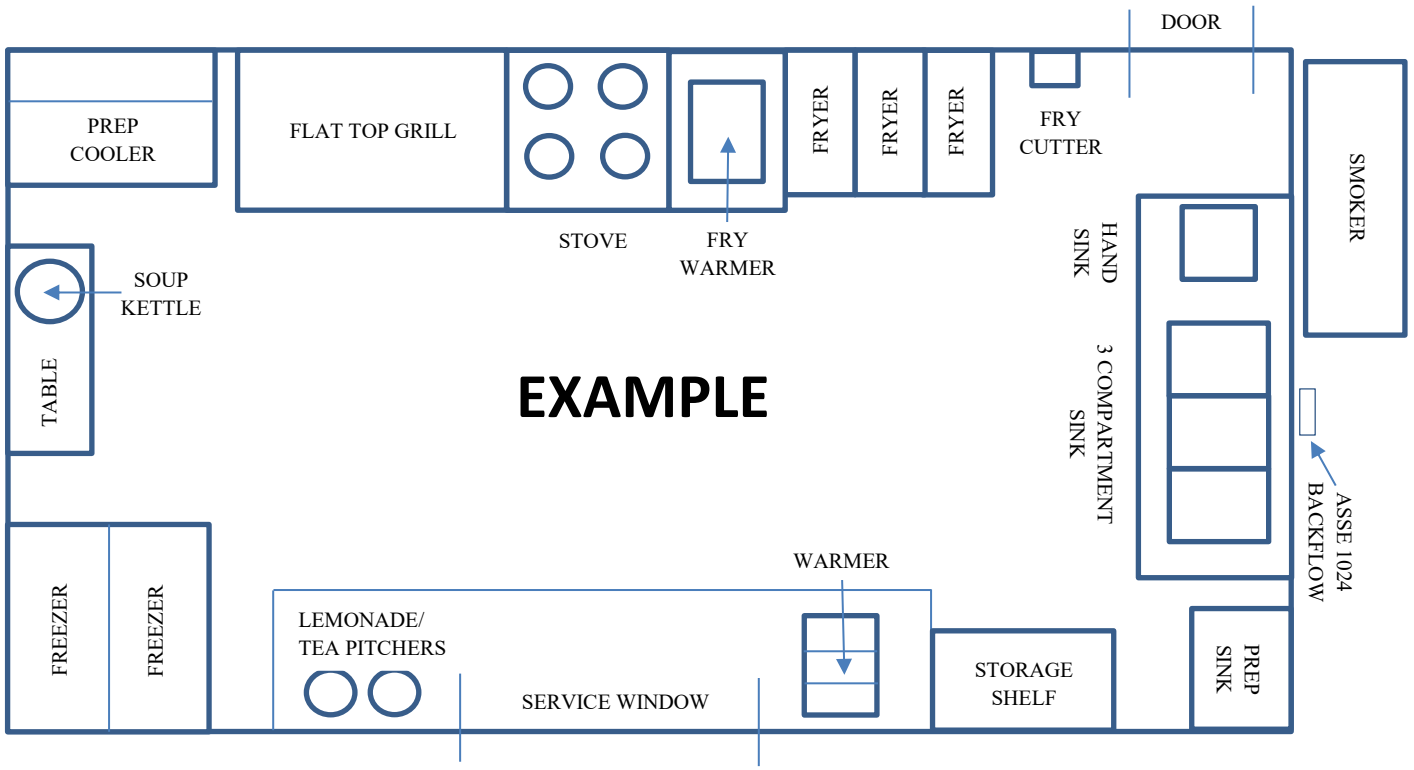
Yes ☐ No ☐

EXAMPLES OF ACCEPTABLE FOOD EQUIPMENT TESTING AGENCY SYMBOLS:

Please list **ALL** equipment that will be used in the mobile unit. Attach additional pages or equipment spec sheets if needed.

TYPE OF EQUIPMENT (e.g. Cooler, Warmer, Freezer)	**MANUFACTURER**	**MODEL NUMBER**

MOBILE LAYOUT Provide a diagram of the mobile layout indicating the location of equipment and sinks, food prep and storage areas, serving windows, doors, and any outdoor equipment or serving areas (if applicable). Attach additional pages if needed.



SANITIZATION What sanitizer will be used for food contact surfaces?

Sanitizer: _____ **Concentration**: _____(PPM)

*Corresponding test strips must be available to verify sanitizer concentration

FOOD HANDLING Describe what measures will be taken to prevent bare-hand contact with ready-to eat foods:

_____

_____

_____

_____

EMPLOYEE HYGIENE

Will hair coverings such as hats, hair nets, or visors be worn during food prep? Yes ☐ No ☐
Will jewelry on the wrists and arms be limited to a plain band ring? Yes ☐ No ☐

STORAGE

Is adequate space provided for the storage of food, equipment, and utensils? Yes ☐ No ☐
Is there a designated storage space for personal belongings (cell phones, keys, purses)? Yes ☐ No ☐
Is there a separate area to store chemicals away from food? Yes ☐ No ☐

LIGHTING

Is adequate lighting (at least 50-foot candles) installed in food prep areas? Yes ☐ No ☐
Are lights shielded over food storage, preparation, display or service areas? Yes ☐ No ☐

SURFACE FINISHES

Are all surfaces smooth, non-absorbent, and easily cleanable? Yes ☐ No ☐
Are walls, floors, and ceilings securely attached, sealed and free of gaps or holes? Yes ☐ No ☐
Will temporary roofing and flooring be available if food prep is done outside? Yes ☐ No ☐

THERMOMETERS

Do all hot and cold holding equipment have accurate thermometers? Yes ☐ No ☐
Is a metal stem food thermometer ranging from 0-220 degrees available? Yes ☐ No ☐

VENTILATION

Will adequate ventilation be available to eliminate excess smoke, grease, steam, and heat within the mobile unit?

Yes ☐ No ☐

PLEASE NOTE: Although not required by the Ohio Food Code, a hood system may be required by the Fire Department. Contact your local Fire Department to see if any local regulations apply to your operation.

REFUSE:

Will adequately sized trash cans with tight fitting lids be available? Yes ☐ No ☐

Specify where trash will be disposed at the end of the day: _____

Specify where waste oil will be disposed (if applicable): _____

CONTACT INFORMATION

Will the following information be posted in a visible location on the exterior of the mobile unit? Yes ☐ No ☐

-Name of mobile
-City of origin (e.g. North Canton, Louisville)
-Phone # including area code

**NOTE:* Individual lettering must measure at least 3 inches high and 1 inch wide

License Plate # (if applicable): _____

FOOD SAFETY CERTIFICATION

List the name(s) of employees that have a Person in Charge food safety certification. **Attach copies of certificate(s)*

_____ _____

_____ _____

PLEASE NOTE: Any new high-risk mobile licensed after September 1, 2024 must have at least one person in charge certified in food safety present during operation.
****A license will not be issued without proof of certification***

RISK LEVEL AND FEE

Mobile food operations will be licensed according to their risk level activity.

Low risk activities include holding for sale or serving pre-packaged foods that may or may not require refrigeration to maintain food safety. Examples may include selling pre-packaged meat, fresh eggs, novelty ice cream, or food items prepared in a licensed Home Bakery.

High risk activities include receiving, holding, cooking, cooling, and reheating foods at proper temperatures along with any assembly of unpackaged foods that require temperature as a safety measure. Examples may include selling fresh-squeezed lemonade, BBQ meats, fresh-cut fries, or sandwiches.

Contact the Food Safety Program at 330-493-9904 if you have any questions about the risk level of your mobile unit.

RISK LEVEL	2026 FEE
LOW RISK	$160.50
HIGH RISK	$293.00

Please print, sign, and date below then return to the Stark County Health Department. Once your application has been approved, you will be contacted to schedule a pre-licensing inspection.

_____	_____	_____
Print Name	***Signature***	***Date***

Attn: Food Safety
7235 Whipple Ave NW
North Canton, OH 44720
330-493-9904
gallionc@starkhealth.org

Revised 2026