



Plumbing Fixture List (Please check the plumbing fixtures that you have in your proposed mobile unit)

Water heater Hand washing sink 3-Compartment Sink Food prep sink

Fresh Water Tank Manufacturer: _____ Size (gallons) _____

Wastewater Tank Manufacturer: _____ Size (gallons) _____

Does the mobile unit require a direct water hookup to supply running water? *Yes or No.*

Do you have proper concession identification (company name, city/state/zip, area code w/phone number) 3 in x 1 in lettering? Please circle *Yes or No.*

Do you have a generator to power your mobile food unit? Please circle *Yes or No.*

Do you have a food-grade hose? Please circle *Yes or No.*

Do you have a backflow prevention device (*ASSE 1012, 1024*)? Please circle *Yes or No.*

LCHD Use Only

REHS: _____ License Fee: \$ _____

Date Received: _____ Date Completed: _____

FSO: _____ RFE: _____ High Risk or Low Risk



Menu Items:

Notes & Water Source:

Restrictions (if applicable):

LCHD Use Only

Environmental Health Specialist

Date