



Mobile Cart Plan Review Application

The Tennessee Department Health Rules and Regulations governing Food Service Establishments require that plans drawn to scale for food service establishments be submitted for review and approval to the local Health Department. Review by this Department will be delayed if this application is submitted incomplete or does not contain all supporting documentation.

Submittal Checklist:

The following items must be submitted with this application:

- _____ Commissary Agreement completed by both applicant and restaurant permittee/owner
- _____ Completed Mobile Cart Plan Review Application (*this document*)
- _____ Mobile Cart Specification Sheet (manufacturer can provide for specific model). Provide top and side view identifying all components, i.e. cooking equipment, bun storage, cooler, sink(s), water pump, potable and wastewater tanks. (*If specification sheets are not available, please provide pictures of items listed above.*)
- _____ Proposed Menu (including all foods, drinks, and condiments)

Application Information:

Mobile Cart Name: _____

Owner's Name: _____

Owner's Address: _____

City: _____, Tennessee Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Applicant's Email: _____

Operational Location:

Proposed name of operation: _____

Address of proposed operation: _____

City: _____, TN Zip: _____

Days of Operation: _____ Hours of Operation: _____

Additional Location(s):

1. Proposed name of operation: _____

Address of proposed operation: _____

City: _____, TN Zip: _____

Days of Operation: _____ Hours of Operation: _____

Additional Location(s) continued:

2. Proposed name of operation: _____

Address of proposed operation: _____

City: _____, TN Zip: _____

Days of Operation: _____ Hours of Operation: _____

Mobile Cart Information:

Manufacturer: _____ Model: _____

Is there a hand sink on the unit? _____

Is there a three compartment sink on the unit? _____

Potable water tank and waste water (if present):

Potable water tank storage capacity: _____ gallons

Water source: Well* Public Utility

**Provide results from water test completed within the last year.*

Waste waters storage capacity: _____ gallons

STATEMENT: I hereby certify that the information provided within this application is accurate and I fully understand that any deviation or variance from this application without prior written permission from the Knox County Health Department will prevent issuance of an operational permit for the unit. I understand that this application will be returned to me if incomplete and will delay processing. I also understand that multiple inspections of the unit may be required and that if the unit is not in compliance with TCA 68-14-701, an operational permit will not be issued. Approval of these plans and specifications does not indicate compliance with any other code, law, or regulation that may be required (i.e., federal, state, or local).

Signature: _____ **Date:** _____
(Applicant or Designee)

Contact 865.215.5200 with any questions or concerns regarding the plans review process.

To submit plans, please choose one of the options listed below:

Mail: Knox County Health Department Fax: 865.215.5221 Email: Environmental.plans@knoxcounty.org
Attn: Environmental Health
140 Dameron Ave.
Knoxville, TN 37917

For office use only:

Date application received: _____ Approved Unapproved Date Operator Notified: _____

Comments if unapproved:

