



# Arkansas Department of Health

4815 West Markham St Slot 46 • Little Rock, AR 72205 • Telephone (501) 661-2171

## MOBILE FOOD SERVICE AREA APPROVAL

(PLEASE PRINT)

ESTABLISHMENT \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_

*STREET*

*CITY*

*STATE*

*ZIP*

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

The MOBILE FOOD SERVICE UNIT listed ABOVE has permission to use my facilities:

SERVICE LOCATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**The following services may be performed at my service area by the above MOBILE FOOD UNIT:**  
**(Please check all that apply)**

- Have access to facility at all times
- Have limited access to facility. If yes, access hours are:
- Have access to inside preparation facilities
- Store unit
- Wash out unit
- Wash, rinse, sanitize all food contact surfaces
- Fill with fresh water
- Dispose of wastewater
- Store excess product
- Store product requiring refrigeration
- Employee access to restrooms

SERVICE AREA OWNER \_\_\_\_\_ DATE \_\_\_\_\_

MOBILE FOOD OWNER \_\_\_\_\_ DATE \_\_\_\_\_

### **Explanation:**

This form provides information for the ADH as to where, at a minimum, a mobile unit will dump gray water. This form is to be submitted with plans for Mobile Food Trucks and Trailers at the time of Plan Review.

Example sites: RV Park, Campground, Travel/Truck Stop, Restaurant, Septic (approval required), or City Sewer.

\* **NOTE:** It is the business owner's responsibility to find a service location and to check with the local jurisdiction for dumping permissions.

*(Pushcarts See Reverse)*



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## PUSHCART SERVICE AREA/COMMISSARY APPROVAL

(PLEASE PRINT)

Pushcart Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

*STREET*

*CITY*

*STATE*

*ZIP*

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

The MOBILE FOOD PUSHCART listed ABOVE has permission to use my facilities:

Licensed Commissary Name \_\_\_\_\_ ADH Permit \_\_\_\_\_

Address \_\_\_\_\_

**The following services may be performed at my service area by the above PUSHCART UNIT:**

(Please check all that apply)

- Have access to facility at all times
- Have limited access to facility. If yes, access hours are:
- Have access to inside preparation facilities
- Store unit
- Wash out unit
- Wash, rinse, sanitize all food contact surfaces
- Fill with fresh water
- Dispose of wastewater
- Store excess product
- Store product requiring refrigeration
- Employee access to restrooms

SERVICE AREA OWNER \_\_\_\_\_ DATE \_\_\_\_\_

PUSHCART OWNER \_\_\_\_\_ DATE \_\_\_\_\_

### Explanation:

This form provides information for the ADH as to where mobile food pushcart will operate from and return to for cleaning, restocking, filling potable water, and dumping gray water. This form is to be submitted with plans for Pushcart at the time of Plan Review.

\* **NOTE:** It is the business owner's responsibility to find a service location and to check with the local jurisdiction for pushcart/business permissions.

*(Mobile Units See Reverse)*