

**BUCKS COUNTY DEPARTMENT OF HEALTH**  
**PLAN REVIEW APPLICATION FOR MOBILE FOOD UNITS**

**GENERAL INFORMATION**

*The PA Department of Agriculture Title 7 PA Code Chapter 46 requires that a properly prepared application, fee, plans, menu, and specifications for the construction, remodeling/alteration or change of ownership for a Food Facility be submitted to and approved by the Department before any work can begin or the Facility can be licensed.*

Mobile Food Units (MFUs) must operate from a licensed Commissary. A Commissary located outside Bucks County must have a current license from their jurisdictional Health Department/Agency. All new MFUs must submit specifications for the truck and any/all proposed equipment. Existing MFUs (currently licensed in another jurisdiction) must show proof of a license from their jurisdictional Health Department/Agency.

Date \_\_\_/\_\_\_/\_\_\_                      ID# \_\_\_\_\_                      Municipality \_\_\_\_\_  
Name of Facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner's Name (licensee) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_

**Project Type:**      New                       Existing (Currently Licensed in another Jurisdiction)

Provide a brief description of the operation including all foods/drinks to be offered for sale:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Licensed Commissary** \_\_\_\_\_

**Address of Licensed Commissary** \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF MOBILE FOOD UNIT**

Pre-packaged only (California style)  
 Step-in truck/trailer  
 Push Cart or other (specify) \_\_\_\_\_

**VEHICLE INFORMATION**

Make of Truck	Year	License Plate Number	Manufacturer's Serial Number

**WATER & WASTEWATER TANKS**

- Potable Water Tank Capacity (Gallons) \_\_\_\_\_
- Waste Water Tank Capacity (Gallons) \_\_\_\_\_
- Hot Water Supply Capacity (Gallons & BTU) \_\_\_\_\_

**Specifications and Equipment Schedule**

New trucks must submit specifications for truck design including a floor plan, equipment, floors, walls, and ceilings. Also include specifications on tanks and hoses for potable water.

**Provide type and manufacturer of any equipment to be utilized.**

Item#	Type of Equipment	Manufacturer's Name	Model No.	Year Manufactured	Quantity	Testing Agency, if Applicable

**Mail application with current fee to the appropriate District Office:**

**Bucks County Department of Health  
Neshaminy Manor Center  
1282 Almshouse Road  
Doylestown, PA 18901  
215-345-3318**

**Bucks County Department of Health  
Bucks County Government Services Center  
7321 New Falls Road  
Levittown, PA 19055  
267-580-3510**

**Bucks County Department of Health  
Bucks County Government Services Center  
261 California Road  
Quakertown, PA 18951  
215-529-7000**