



**Monroe County Department of Public Health**  
Food Protection – Room 832  
111 Westfall Road  
Rochester, New York 14620  
Phone (585) 753-5064 / Fax (585) 753-5013  
[food@monroecounty.gov](mailto:food@monroecounty.gov)

**DO NOT WRITE IN THIS SPACE**

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Type: Check CC MO Cash

Check/MO # \_\_\_\_\_

Amount \$ \_\_\_\_\_

☐ Websales



## Application for Approval of Plans for a Food Truck / Trailer

*Pursuant to part 14-1.191 of the NYS Sanitary Code, prior to constructing, major renovation, or commencing operation of a food service establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval before construction is started.*

**Submit completed form, professional blueprints or a floor plan drawing, and  
the plan review fee of \$75.00 to the address above:**

Name and address of establishment:	Name and address of owner:
Name and address of Architect, Engineer or Consultant:	Name and address of Operator:
Signature of Architect, Engineer or Consultant:	Signature of Applicant:
Date:	Date:

**Approval or Disapproval should be sent to:**

☐ Owner

☐ Establishment

☐ Architect, Engineer or Consultant

☐ Operator

Contact person: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

**Anticipated Opening Date:** \_\_\_\_\_

**Type of Plan Approval:**

☐ New Owner

☐ Remodeling of existing food truck / trailer

☐ New Structure

☐ Converting from other use to food service

<b>(FOR OFFICE USE ONLY)</b>	Plans Approved: Inspector _____	Date _____
	Plans Approved: Food Protection Supervisor _____	Date _____
	Plans Approved: Bureau of Engineering _____	Date _____
	Plans Disapproved: By _____	Date _____
	Comments: _____ _____	

**Complete back side of this form →**

## Details of Proposed Food Truck / Trailer

**\*\*\*All Sinks and Equipment must be CLEARLY labeled on blueprint/floorplan drawing\*\*\***

### 1. Sinks

Three Bay Sink present (stainless steel): ☐ Yes ☐ No

Handwash Sink present with pump soap and paper dispenser: ☐ Yes ☐ No

### 2. Surface Material Type (tile, wood, drop panel, etc.) *\*unfinished bare wood not allowed*

Kitchen: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_

Service: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceilings \_\_\_\_\_

### 3. Exhaust Ventilation

Exhaust Ventilation present? ☐ Yes ☐ No

### 4. Refrigeration **\*Thermometers are required in each unit**

# Reach-in refrigerators: \_\_\_\_\_

# Reach-in freezers: \_\_\_\_\_

### 5. Storage

Dry Storage location: \_\_\_\_\_

Toxic Storage location: \_\_\_\_\_

### 6. Water Supply

☐ Public Supplier (piped into facility): Name of supplier \_\_\_\_\_

-or- ☐ Private supply (well water): Monroe Co. Health Department approval date \_\_\_\_\_

Potable water tank capacity (40 gallon minimum): \_\_\_\_\_gallons

*\*Ability to provide an adequate amount of hot running water is required*

### 7. Waste (sewage)

Waste tank size (45 gallon minimum): \_\_\_\_\_gallons

Tank disposal location: \_\_\_\_\_

### 8. Lighting

Light Shields present? ☐ Yes ☐ No