



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

DO NOT WRITE IN THIS SPACE	
Date Received ____/____/____	
Payment Type: Check CC MO Cash	
Check/MO # _____	R
Amount \$ _____	
<input type="checkbox"/> 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

(FOR OFFICE USE ONLY)	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