

Rhode Island Department of Health

.ORI Department of Health
www.health.ri.gov

Application and Instructions for Food Business:



Mobile Food Service

- Year Round - Truck
 Seasonal - Truck
 Year Round - Cart
 Seasonal - Cart
 Temporary Event

Name of Business

Previous Business Name & License Number (If Any) at this address

OFFICE USE ONLY

	Initials	Date
Risk Type		
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		
Certified Food Safety Manager Required: 0 ___ 1 ___ > 1 ___		

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. **Incomplete applications will be returned to you and your license/permit will not be issued.** Please fill out the attached mobile food addendum if you are a truck or cart. If you check Temporary Event, please fill out the attached addendum for temporary events.
- Attach check/money order to the front of this application and mail to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. A receipt or cancelled check does not guarantee licensure.
- Please provide a list of your food suppliers on the enclosed form. Food must be purchased from an approved source and your food suppliers must be registered with the Rhode Island Department of Health, Office of Food Protection.
- **Upon receipt of your completed application by the Department of Health, Office of Food Protection, please call (401) 222-2749 to schedule an operational inspection (IN-STATE ONLY) 2 weeks prior to opening. Note: You must have or employ an active Certified in Food Safety Manager registered with the Office of Food Protection (if applicable) prior to inspection.**

Initial registration fee is prorated based on the date of application registration (check ONE below), automatic renewal payment due on following April 30 cycle at 100%.

Licensing Cycle	March 1-July 31	August 1-October 31	November 1 -February 28 (29 Leap Year)
Expiration Date 4/30	(100%)	(75%)	(50%)
Mobile Food Service	\$100.00	\$75.00 <input type="checkbox"/>	\$ 50.00 <input type="checkbox"/>

- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **This fee is non-refundable.**
- If you have any questions concerning this application, call the Department of Health, Center for Food Protection at (401) 222-2749.

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

Please complete section(s) below.

Note to Applicants submitting plans:

Plan Review

One time plan review fee is not prorated

RIGL 23-1-31. Approval of construction by director. – A plan review fee for new establishments, and for establishments where the cost of renovation exceeds 50 percent (50%) of the value of the establishment, shall be charged. The plan review fee for these establishments shall equal the annual cost of the license/registration.

A plan review fee of \$ _____ is included with this application.
 Plan review fee...\$100.00
 I have enclosed a separate check/money order payable to "General Treasurer, State of Rhode Island".



State of Rhode Island and Providence Plantations
 Department of Health
 Office of Food Protection

<p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which you are applying for this license.</p>	<p>Name:</p>								
<p>Facility Contact Person:</p> <p>Please provide the name and telephone number of a person we can contact concerning this facility.</p>	<p>Name:</p> <p>Phone Number:</p> <p>()</p>								
<p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p> <p>(Not published on HEALTH website).</p>	<p>Address Line 1</p> <p>Address Line 2</p> <p>Address Line 3</p> <p>City, State, Zip Code</p> <p>Country (only if not in US)</p> <p>Phone:</p> <p>Fax:</p> <p>Email Address:</p>								
<p>Facility Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website)</p>	<p>Address Line 1</p> <p>Address Line 2</p> <p>Address Line 3</p> <p>City, State, Zip Code</p> <p>Country (only if not in US)</p> <p>Phone:</p> <p>Fax:</p> <p>Email Address:</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									

<p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or</p>	<p>LIST ONE ONLY - DO NOT SEND ATTACHMENTS</p> <p>Name:</p> <p>DBA (Doing Business As):</p>
<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1</p> <p>Address Line 2</p> <p>Address Line 3</p> <p>City, State, Zip Code</p> <p>Phone:</p> <p>Fax:</p> <p>Email Address:</p>
<p>Vehicle Registration Information:</p> <p>For Year Round and Seasonal/Truck Only.</p>	<p>Please indicate the vehicle registration information below.</p> <p>Vehicle Registration State _____ Vehicle Registration Plate _____</p>
<p><u>Certified Food Safety Manager(s) is required if potentially hazardous foods are prepared.</u></p> <p>If you need additional space, please submit under separate cover.</p>	<p>Does this facility have a certified food safety manager? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate name and license number below of primary food safety manager.</p> <p>Name: _____</p> <p>FMC #: _____</p>
<p>Menu:</p>	<p>Please attach a copy of a complete menu for your mobile food service.</p>
<p>SSN/FEIN:</p> <p>(Social Security Number/Federal Employer Identification Number)</p> <p>Please note if you are a sole proprietor this number may be your SSN.</p>	<p>Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p style="text-align: center;">SSN/FEIN #:</p>

Affidavit of Applicant

Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

Signature of Authorized Person

**Date of Signature
(MM/DD/YY)**

Printed Name of Authorized Person

Title of Authorized Person



Information for Mobile Food Establishment Applicants

Name on License Application:	
Menu (attach to application)	
Requirement	Please fill in answers
Will you be using a commissary?	If yes, which commissary (please attach lease agreement)
<ul style="list-style-type: none"> • Certified Food Safety Manager (if needed) 	Name of Certified Food Safety Manager
<ul style="list-style-type: none"> • Food from approved source (licensed vendor, commissary) 	Where will food be purchased?
<ul style="list-style-type: none"> • Cold food held at 41 F or below • Hot food held at 135 F or above • Frozen foods kept frozen 	What equipment will be used to cold hold? What equipment will be used to hot hold? What will be used to keep food frozen?
<ul style="list-style-type: none"> • Hand sink with soap & paper towels 	Describe handwashing set up.
<ul style="list-style-type: none"> • 3 bay sink for washing, rinsing, sanitizing 	3 bay on truck and/or at commissary, please describe.
<ul style="list-style-type: none"> • Potable water from approved source, labeled potable water 	What is the source of potable water?
<ul style="list-style-type: none"> • Hot & Cold running water for all sinks 	Describe hot and cold running water capability.
<ul style="list-style-type: none"> • Cleaning supplies and sanitizer • Test strips to measure sanitizer concentration 	What sanitizer will you be using?
<ul style="list-style-type: none"> • Wastewater tank at least 15% larger than potable water tank • Place to discharge waste water 	Explain wastewater tank capacity. Where will waste water be discharged?
<ul style="list-style-type: none"> • Food contact surfaces that are easy to clean, nonabsorbent, durable 	Describe material for food contact surfaces.
<ul style="list-style-type: none"> • Floors, walls, & ceilings constructed to be durable, cleanable, nonabsorbent 	What is floor made of? What are walls made of? What is ceiling made of?
<ul style="list-style-type: none"> • Accessible toilet facilities 	Explain where available toilet facilities.
<ul style="list-style-type: none"> • Trash receptacles for removal of waste 	Explain trash removal procedures.



Information for Temporary Event Applicants

Name on License Application:	
Menu (attach to application)	
Events that you plan on attending:	
Will you be preparing food onsite?	No Food from Home Allowed Will you be using a licensed facility to prepare and hold food? Please name facility:
Requirement	Please fill in answers
<ul style="list-style-type: none"> • Food from approved source (licensed vendor, commissary) 	Where will food be purchased?
<ul style="list-style-type: none"> • Certified Food Safety Manager (if needed) 	Name of Certified Food Safety Manager
<ul style="list-style-type: none"> • Food transported ≤ 41 F or ≥ 135 F 	Please describe how food will be transported.
<ul style="list-style-type: none"> • Cold food held at 41 F or below • Hot food held at 135 F or above • Frozen foods kept frozen • Thermometer to measure temperatures 	What equipment will be used to cold hold? What equipment will be used to hot hold? What will be used to keep food frozen?
<ul style="list-style-type: none"> • Hand sink with soap & paper towels 	Describe handwashing set up.
<ul style="list-style-type: none"> • No Bare Hand Contact with Ready to Eat Food 	What will be used to prevent bare hand contact?
<ul style="list-style-type: none"> • 3 bay sink for washing, rinsing, sanitizing 	Please describe.
<ul style="list-style-type: none"> • Cleaning supplies and sanitizer • Test strips to measure sanitizer concentration 	What sanitizer will you be using?
<ul style="list-style-type: none"> • Overhead protection 	Please describe how food is protected.
<ul style="list-style-type: none"> • No food, equipment, or utensils stored on the ground 	Please describe how food will be stored.