



TENNESSEE DEPARTMENT OF AGRICULTURE
REGULATORY SERVICES ATTN: FOOD & DAIRY
BOX 40627 MELROSE STATION
NASHVILLE, TN 37204
PHONE# 615-837-5153 FAX# 615-837-5005

MOBILE FOOD ESTABLISHMENT / PLAN REVIEW QUESTIONNAIRE

Food establishment Plan Review Questionnaire to be completed by the
owner / operator and submitted to the Regulatory authority.

Please refer to the Tennessee Retail Food Store Regulations Chapter 0080-4-9,
Retail Food Store Inspection Act 53-8-201, and the Basic Requirements for more information.

PLEASE CHECK ALL THAT APPLY: * DO NOT SEND MONEY *****

MEATS _____ SEAFOOD _____ OTHER _____

NEW _____ REMODEL _____ CONVERSION _____

CHECK ONE: WELL WATER _____ CITY WATER _____ SPRING _____ NA _____

Submit well water inspection / approval from local Health Department or spring **approval** from Environment & Conservation.

CHECK ONE: CITY SEWAGE _____ SEPTIC TANK _____ NA _____ (**SUBMIT INSPECTION LETTER -- CERTIFICATION or APPROVAL**)

NAME OF ESTABLISHMENT _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE IF AVAILABLE _____ COUNTY _____

HOURS OF OPERATION _____ DATE OF OPENING _____

NAME OF OWNER _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

SUBMIT PLANS TO THE FOLLOWING? **PLEASE GIVE DATES AND SUBMIT DOCUMENTATION OF APPROVALS:** (IF APPLICABLE)

LIST PRODUCTS _____ FLOOR PLAN OF MOBILE VEHICLE _____

CODES APPROVAL _____ ZONING / PLANNING _____

FIRE CODES _____ PLUMBING _____

ELECTRIC _____ OTHER _____

CERTIFICATE OF OCCUPANCY RECEIVED: YES _____ NO _____ NA _____ DATE SCHEDULED _____

FRESH WATER TANK SIZE - HOLDING CAPACITY _____ GALLONS

WASTE WATER TANK SIZE - HOLDING CAPACITY _____ GALLONS

NUMBER OF VEHICLES _____ (IF MORE THAN 2 , PLEASE ATTACH - SUBMIT LIST)

VEHICLE INFO:

VEHICLE INFO:

MODEL / TYPE _____

MODEL / TYPE _____

LICENSE # _____

LICENSE # _____

YEAR _____

YEAR _____

COLOR _____

COLOR _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS: APPROVED SOURCE: MEATS SEAFOODS -or OTHER

NAME OF FACILITY _____

USDA ESTABLISHMENT # _____

ADDRESS _____

CITY / STATE _____

COPY OF CERTIFICATION / SERVICE AGREEMENT OR INVOICING ATTACHED FROM USDA FACILITY: YES ___

LABELING SUBMITTED FOR PRODUCTS PRODUCED, PROCESSED, AND PACKAGED YES ___

RETAIL BUSINESS LICENSE: YES ___ NA ___ SUBMIT DOCUMENTATION

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS STATE REGULATORY AGENCY MAY NULLIFY FINAL APPROVAL.

SIGNATURE(S): _____

DATE: _____

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS REGULATORY AUTHORITY DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW, OR REGULATION THAT MAY BE REQUIRED – FEDERAL , STATE, OR LOCAL. IT FURTHER DOES NOT CONSTITUTE ENDORSEMENT OR ACCEPTANCE OF THE COMPLETED ESTABLISHMENT (STRUCTURE OR EQUIPMENT). THE REGULATORY AUTHORITY SHALL CONDUCT ONE OR MORE INSPECTIONS TO VERIFY THAT THE FOOD ESTABLISHMENT IS CONSTRUCTED AND EQUIPPED IN ACCORDANCE WITH THE APPROVED PLANS OR MODIFICATIONS AS REQUIRED OF PLANS AS NECESSARY TO ACHIEVE COMPLIANCE WITH THE APPROPRIATE REGULATION. PERMIT APPROVAL WILL BE CONTINGENT UPON ACTUAL FACILITY INSPECTION.