

FACILITY & EQUIPMENT

Provide a drawing of the proposed unit layout below.

Type of Unit:

Food Truck
Pushcart
Other: _____

Clean-up:

3 Compartment Sink
Hand washing Sink or Temporary Station
Bleach & Chemical Test Strips
Other: _____

Commissary Location (will vary depending on type of food(s) sold):

- Home (separated from main living area)
- Permitted food service facility (provide copy of commissary agreement)

Food Sanitation Certificate Holder(s):

Name: _____ Certificate #/State: _____ Exp. Date: _____
Name: _____ Certificate #/State: _____ Exp. Date: _____

ANY LEFTOVER, POTENTIALLY HAZARDOUS FOOD FROM THE PREVIOUS DAY OR POTENTIALLY HAZARDOUS FOOD HAVING TEMPERATURES BETWEEN 41°F AND 135° F WILL BE DISCARDED.

By signing this application, I agree to comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment and that said establishment will be open to inspection by the Egyptian Health Department during all operation hours. It is further agreed that a valid permit issued by the Egyptian Health Department will be displayed on the premises at all times during operation.

Sign _____

Date _____

Payment by credit card (Visa/Master Card Only):

Credit Card Number _____

Name on Card _____ Exp. Date _____

Zip of Billing Address _____ Phone Number _____

Signature _____