

PHONE: (920) 869-4554 EMAIL: bnichola@oneidanation.org WEB: https://oneida-nsn.gov/resources/environmental/ FACEBOOK: https://www.facebook.comOneidaEHSD/

## Mobile Food Establishment Plan Review Application

Establishment /DBA Information:	inge of Ownersh	nip			
Establishment Name:					
Establishment Street Address:	City:	State:	Zip:		
Email Address:	Establishment Phone:				
Legal Entity (Such as name of sole proprietor, partnership, LLC, LLP, or Inc.):					
Legal Entity Mailing Address:	City:	State:	Zip:		
Legal Entity Email Address:	Legal Entity Phor	ne:			

Contact Information			
Contact Name:	Title:		
Email Address:	Phone:		

Submit the following (Incomplete plans will not be reviewed)				
□ Copy of menu				
□ Equipment list that includes make and model numbers.				
□ Food truck floor plan drawn to scale with equipment layout. Plans can be hand drawn				
Processes (Check all that	apply):			
Thawing	Curing	□ Cold Holding	Reduced Oxygen Packaging	
Cook-Chill	Brining	Sous Vide	Fruit & Vegetable Washing	
Cooling	□ Sprouting	Fermentation	Using Vinegar for Preservation	
□ Smoking	Hot Holding	Partial Cooking	Packaging Juice	
Outdoor Cooking			□ Catering	

By signing, you attest all information is accurate, and you will notify the Oneida Nation Sanitarian if you change information that has been submitted.

Signature - Applicant:

Date Signed

Email application and supporting documents to: bnichola@oneidanation.org or mail to Brittany Nicholas, LITTLE BEAR DEVELOPMENT CENTER, PO BOX 365, Oneida WI 54155

COCCOCO ONEIDA A good mind. A good heart. A strong fire.