ACCOUNT: _____ **PAGE** _____ **OF** _____

DO NOT WRITE ABOVE THIS LINE

MENU DESCRIPTION/DISCLOSURE FOR MOBILE FOOD UNITS

Name of Business: _____ Phone: _____

Mail Address: _____ Phone: _____

_____

Owner: _____

Common Name of Item or Ingredient: _____

If Not Prepared On The Unit, Item Or Ingredient Is Purchased At: Name Of Store: _____

Address: _____

Item or Ingredient is stored at/in: _____

Temperature: _____°F for _____ hours before service, dispensing or additional preparation.

If this item is an ingredient used in the preparation of another item, what is the item that this ingredient is used in? _____

If this item is an ingredient used in the preparation of another item, STOP here, sign this page and complete another menu description/disclosure for the item prepared from this ingredient.
If this item is prepared for service, how is it prepared? _____

_____

_____

If this item is wrapped or packaged after preparation, How is it wrapped or packaged? _____

If this item is held after preparation and before service or dispensing, How is this item held? _____

Temperature: _____°F for _____ hours before service or dispensing.

How is this item served or dispensed? _____

_____

If portions of this item are leftover, are they re-served? _____

Comments: _____

_____

_____

_____

Owner/Operator
Name: _____ Date: _____

Owner/Operator
Signature: _____

DO NOT WRITE BELOW THIS LINE

PROVIDE A SEPARATE COMPLETED MENU DESCRIPTION/DISCLOSURE FOR EACH FOOD ITEM OR INGREDIENT CONTAINING MEAT, SEAFOOD, DAIRY PRODUCTS OR EGGS. ANY CHANGES IN YOUR MENU MADE AFTER APPROVAL WILL REQUIRE APPROVAL BY THE HEALTH DEPARTMENT	HEALTH DEPT APPROVAL BY:
	DATE: