



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER & INDUSTRY SERVICES
ATTN: FOOD & DAIRY
PO BOX 40627, NASHVILLE, TN 37204
or Mail Packages to 436 HOGAN ROAD, NASHVILLE, TN 37220
PHONE# 615-837-5193 FAX# 615-837-5005
NewFood.Business@TN.gov

FARM BASED OR MOBILE FOOD QUESTIONNAIRE

Food questionnaire is to be completed by the Owner / Operator.

Submit to Consumer & Industry Services

Refer to the Tennessee Retail Food Store Regulations Chapter 0080-4-9, and Retail Food Store Inspection Act 53-8-201

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

FARM BASED: ____ YES ____ NO

MEATS _____ SEAFOOD _____ OTHER _____

MOBILE: ____ YES ____ NO

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.)

NAME OF ESTABLISHMENT _____

ADDRESS _____ CITY _____ STATE _____

ADDRESS 2 _____ ZIP CODE _____

EMAIL ADDRESS: _____

CELL PHONE _____ COUNTY _____

HOURS OF OPERATION _____ DATE OF OPENING _____

NAME OF OWNER _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

SUBMIT FLOOR PLANS OF THE MOBILE VEHICLE(S): ____ YES

LIST PRODUCTS _____

SELECT ALL THAT IS APPLICABLE: ____ HOT ____ COLD WATER AVAILABLE

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:

MODEL / TYPE _____

LICENSE # _____

YEAR _____

COLOR _____

VIN # _____

VEHICLE INFO:

MODEL / TYPE _____

LICENSE # _____

YEAR _____

COLOR _____

VIN # _____

USDA PROCESSING INFORMATION:

NAME OF FACILITY _____

USDA ESTABLISHMENT # _____

ADDRESS: _____

CITY / STATE _____

LIST PRODUCTS _____

_____**COPY OF CERTIFICATION / SERVICE AGREEMENT OR INVOICING ATTACHED FROM USDA FACILITY:** YES ____

BUSINESS LICENSE: YES ____ NA ____ (SUBMIT COPY OF LICENSE)

LABELING SUBMITTED FOR PRODUCTS PRODUCED, PROCESSED, AND PACKAGED: YES ____

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.

REVISED 12.01.16