



CASPER-NATRONA  
COUNTY HEALTH DEPARTMENT

475 South Spruce Casper, WY 82601 Phone: 307-235-9340 Fax: 307-237-2036 Website: [www.casperhealth.com](http://www.casperhealth.com)

### Food License Procedure

Thank you for your interest in obtaining a food license for Natrona County. To obtain a food license, change locations, or remodel an existing facility, you will need to submit a Plan Review Application/Mobile Plan Review Application. Please refer to the chart below for appropriate fees that will be due. Plan Review Applications must be submitted and approved prior to construction and food service. Staff are allowed 30 days to review your Plan Review Application. Please make sure Application is complete as any omissions will delay approval process. CNCHD encourage you to set up an inspection with our department, City or County Building, and City of County Fire Inspectors *before* purchasing/leasing a location. After doing so you will:

- **Submit Plan Review Application Packet to Casper-Natrona County Health Department (CNCHD)**
- **Pay Plan Review Fee to CNCHD upon application submission**
- **Notify CNCHD of any changes to plans**
- **Contact CNCHD for final inspection when ready to open. CNCHD generally will coordinate with the Building and Fire Inspectors\* to be present as well.**
- **Obtain your health or business License\*\* from the city (not CNCHD) your facility is in. You will receive a form at your pre-opening inspection that you will upload or submit to the city. The health or business license will have a separate fee.**
- **Apply for your food license\*\* AT CNCHD and pay the fee. Food licenses are issued by the Wyoming Department of Agriculture (payable to WDA by check or money order) and will be sent to you by mail.**

<b>New Food License</b>	<b>\$200</b>	<b>Annual Renewal</b>	<b>\$100</b>
<b>Plan Review Multi-venue</b>	<b>\$325</b>	<b>Inspection Multi-venue</b>	<b>\$110</b>
<b>Plan Review Full Service</b>	<b>\$225</b>	<b>Inspection Full Service</b>	<b>\$85</b>
<b>Plan Review Fast Food</b>	<b>\$175</b>	<b>Inspection Fast Food</b>	<b>\$60</b>
<b>Plan Review Specialty/Mobile/Coffee Shop</b>	<b>\$125</b>	<b>Inspection Pre-packaged</b>	<b>\$60</b>
<b>Remodel</b>	<b>\$75</b>	<b>Additional Follow-up Inspections</b>	<b>\$60</b>
<b>Change of Ownership</b>	<b>\$75</b>	<b>HAACP Review</b>	<b>\$175</b>

You will renew your food license on an annual basis. The Wyoming Department of Agriculture will send you an invoice. Inspections will be conducted 30 days after opening, and on a risk-based interval following, usually twice per year. Higher risk foods (sushi, HAACP, repeat violations) will incur more inspections. Inspections may also be initiated as a result of complaints.

***\*Mobiles do not need a health license in the City of Casper. A City Fire inspection IS still required but City Building inspection is NOT.***

***\*\*To reiterate: you are responsible for obtaining 2 (two) separate licenses before opening unless you are a mobile. Your health or business license is issued by the City of Casper/Mills/Evansville. Your food license is obtained at the Casper-Natrona County Health Department and issued by the Wyoming Department of Agriculture.***



City of Casper-Natrona County Health Department  
475 So Spruce Casper, Wyoming 82601  
Telephone: (307) 577-9752 Fax (307) 237-2036

### MOBILE FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

**Application Date** \_\_\_\_\_  
**Name of Establishment** \_\_\_\_\_  
Owner/Corporate Name \_\_\_\_\_  
Name of Primary Contact \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address (If different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Was this mobile unit previously licensed in the state of Wyoming? Yes \_\_\_ No \_\_\_  
If so, what was the name of the unit? \_\_\_\_\_

What is the VIN of the unit? \_\_\_\_\_

Will this be a commissary dependent unit? Yes \_\_\_ No \_\_\_  
If so, what licensed kitchen is it operating out of? \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_

NOTE: If you are a commissary dependent unit you will not be allowed to operate outside of Natrona County.

I have submitted plans to the following: (please note date of submittal on line provided)

Health Dept. \_\_\_\_\_ Fire Dept. (cooking units only) \_\_\_\_\_

Total square feet of mobile unit \_\_\_\_\_  
Projected date for start of construction \_\_\_\_\_  
Projected date for completion of project \_\_\_\_\_

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. **Lack of complete information will delay review and plan approval.**

Mobile unit floor plan \_\_\_\_\_ Equipment Specifications \_\_\_\_\_ Menu/Product List \_\_\_\_\_  
 Plans and Finish Schedules \_\_\_\_\_ Chemical and Personal Storage \_\_\_\_\_  
 Fixtures Requiring Hot Water \_\_\_\_\_ Plumb/Elect/Mech Plans and Schedules \_\_\_\_\_

Will the unit be operating year-round or seasonally? Year-round \_\_\_\_\_ Seasonally \_\_\_\_\_

For Seasonal operations, please circle all that apply

Jan Feb Mar Apr June July Aug Sept Oct Nov Dec

**Menu and Food Handling Procedures**

- A. Please submit menu(s) or detailed product list, such as breakfast, lunch and dinner menus.
- B. Please submit Standard Operating Procedures or Food Handling Procedure Manuals that describe food preparation procedures.

**Food Preparation**

- 1. Will all produce be washed on-site prior to use? Yes  No
- If no, will pre-washed and packaged produce be used? Yes  No

2. Check YES, NO or N/A for the following categories of Potentially Hazardous Foods to be handled, prepared, and served.

Category	YES	NO	N/A
Meats, Poultry, fish and eggs (Raw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meats, Poultry, fish and eggs (Pre-cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (Salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot processed foods (Soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			

- 3. Are all food supplies from inspected and approved sources? Yes  No

4. Food Vendor Name \_\_\_\_\_

5. Please list foods prepared more than 12 hours in advance of service. **NOTE: All food must be prepared and stored in the unit unless you are working out of a commissary kitchen.** \_\_\_\_\_

6. Will potentially hazardous foods be rapidly cooled to 41°F or below? Yes  No

Please check the appropriate boxes how heated/cooked potentially hazardous foods will be cooled to 41°F (5°C) or below when prepared in advance for service?

Shallow metal pans	<input type="checkbox"/>	Reduce volume	<input type="checkbox"/>
Shallow plastic pans	<input type="checkbox"/>	Rapid chill	<input type="checkbox"/>
Ice baths	<input type="checkbox"/>	Other	<input type="checkbox"/>

7. Will potentially hazardous foods be reheated and then held hot before being served? Yes  No

If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours. \_\_\_\_\_

8. How will hot potentially hazardous foods be maintained at 135°F or above during holding for service? \_\_\_\_\_

9. How will cold potentially hazardous foods be maintained at 41°F (5°C) or below during holding for service? \_\_\_\_\_

Please indicate by checking the appropriate boxes how potentially hazardous foods in each category will be thawed. More than one method may apply.

	Meats	Baked Goods	Pre-cooked Frozen Foods
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave oven (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NA (not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Will food product thermometers (0-220°F) be used to measure final cooking/reheating temperature of potentially hazardous foods? Yes  No

11. Will food such as hamburgers or eggs be cooked to order (i.e. served less than fully cooked)? Yes  No

If yes, please add the following statement to your menu with an asterisk by any items that will be served undercooked:

\*Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness.

12. How will cooking equipment, cutting boards, counter tops and other food contact surfaces, which cannot be submerged in sinks, be sanitized? \_\_\_\_\_

Chemical type \_\_\_\_\_

Concentration (ppm) or label directions \_\_\_\_\_

Is a test kit available? Yes  No

13. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled? \_\_\_\_\_

### Equipment

**EQUIPMENT SPECIFICATIONS:**

- A. Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Complete the following table to indicate method of equipment installation or attach an equipment schedule, including display units. \*Note: Under "Installation Method," check all that apply. \*Note: Use an extra sheet of paper if needed.

Equipment Installation List					Installation Method			
					Floor – Mounted		Counter/ Table-Mounted	
ID # on Plan	Make and Model #	# Doors	New (N)/Used (U)	Plumbing Required Yes/No	Legs: 6"	Sealed In Place	Portable	Legs: 4"

C. Provide information on hot food holding units and refrigeration/freezer capacities by completing the tables below

Are there any walk-in cooler(s), freezer(s) or outside storage area(s)? Yes  No

If yes, specify location: \_\_\_\_\_

Hot Food Holding Units	
Type of Unit	# of Units
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

Cold Food Holding Units		
Type of Unit	# of Units	Total Cubic Feet
Reach-in Cooler		
Open Top Sandwich Cooler		
Reach-in Freezer		
Other:		

D. Check the boxes in the Table below to indicate types of equipment and/or service areas in the facility.

Food Preparation Sink(s)		Ice Bins/Ice Machines		Ventilation Hood(s)	
Dump Sink(s)		Water Heater Location(s)		Chemical Storage Areas	
3-Compartment Sink(s)		Dipper Wells		Grease Interceptor/Trap	
Hand Sink(s)		Dry Storage Area(s)		Personal Storage Area(s)	

E. Provide interior finishes for the unit.

Floor\_\_\_\_\_

Walls\_\_\_\_\_

Ceiling\_\_\_\_\_

**NOTE: All lights must be either shielded or shatterproof.**

**Ware Washing**

Include the size of each compartment (length x width x depth) of the ware washing sinks, along with the soiled and clean drain board length. Ware washing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Dimensions (*) of Soiled Drainboard	Dimensions (*) of Sink Compartments (LxWxD)			Dimensions (*) of Clean Drainboard

**Water Heaters**

Indicate type of water heater or heating systems servicing the facility.                      Standard  Tankless

**Standard water tank**

Make	Model	Recovery Rate @ 100F Rise	KW/BTU Rating

**Tankless Systems (Gallons per Minute or GPM)**

Please indicate which required degree will be used in the flow rate column: 80F or 100F				
Make/Model #	Flow Rate (GPM) @ 100° F Rise	Flow Rate (GPM) @ 80°F Rise	Manufacturer Max. Flow Rate (GPM)	Storage Tank Capacity (Gallons), If Applicable

**MECHANICAL PLANS AND SCHEDULES:**

Provide plans and schedules that indicate the location and specifications of ventilation hoods.

**Exhaust Hoods**

Hood Location	Type (I or II)	Fire Suppression Yes or No	Dimensions (Length x Width)	

**Water Supply**

Water supply                      Public                       Private

If private, has the source been approved?                      Yes                       No                       Pending

Please attach copy of written approval and/or permit.

A freshwater tank must provide sufficient water to wash, rinse, and sanitize reused utensils and in addition to providing a minimum of 5 gallons of water for washing of hands.

Wastewater tank must be 15% larger than fresh water tank.    Fresh\*1.15 = Waste    or    ((Waste-Fresh)/Fresh)\*100 = %

What are the sizes of the fresh water and wastewater tanks?    Fresh water \_\_\_\_\_                      Wastewater \_\_\_\_\_

All tanks, water lines, and hoses must be suitable for potable water.

A pressurized water system is required for both hot and cold water, using a mechanical pump providing at least 15 lbs. of water pressure. Gravity systems are prohibited.

How/where will wastewater be disposed? \_\_\_\_\_

Ice is:            Made on premises             Purchased commercially   
If made on premises, are specifications of machine provided?            Yes             No

Describe provision for ice scoop/ice bucket storage: \_\_\_\_\_

**General**

Do all windows have a minimum 16-mesh screening?            Yes             No

Do all garbage cans have lids?            Yes             No

Are pesticides stored separately from cleaning and sanitizing agents?            Yes             No

Are food grade containers being used to store bulk food products?            Yes             No

Does the unit have an air conditioner?            Yes             No

If not, it is strongly recommended that one be added both for the safety of the occupants and to help the cooling units maintain the required temperatures.

**Sanitizing**

Are test papers and/or kits available for checking sanitizer concentration?            Yes             No

Does the handwashing sink have a mixing valve or combination faucet?            Yes             No

Is a soap dispenser (wall mounted or freestanding pump dispenser) available at the handwashing sink?            Yes             No

Is a fingernail scrub brush available at the handwashing sink?            Yes             No

Are hand-drying devices (paper towels, air blower, etc.) available at the handwashing sink?            Yes             No

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?            Yes             No

**Dry Goods Storage**

Is appropriate dry goods storage space provided for based upon menu and meals?            Yes             No

If not, where will dry goods be stored? \_\_\_\_\_



STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Casper-Natrona County Environmental Health Department may nullify this document.

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
Owner(s) or Responsible Representative(s)

Date \_\_\_\_\_

\*\*\*\*\*

Approval of these plans and specifications by the Casper-Natrona County Environmental Health Department does not indicate compliance with another code, law or regulation that may be required by federal, state, or local authority. It further does not constitute endorsement of acceptance of the completed unit or equipment. A pre-opening inspection of the unit with equipment will be necessary to determine if it complies with the local and state laws governing mobile food service establishments. The city of Casper-Natrona County Environmental Health Department does not review plans for compliance with the Americans with Disabilities Act (ADA).

Revised: 06-14-21  
10-14-22  
07/16/24  
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