

**City of Lake Charles**  
**Department of Public Works**

1132 W. 18th Street  
Lake Charles, La. 70601  
Phone: (337) 491-1450 Fax: (337) 491-1594

**Mobile Food Establishment (MFE) Food Truck Questionnaire**

**Section A - General Information** *(Please Type or Print)*

1. Mobile Food Establishment Owner(s) information:

a. Name: \_\_\_\_\_

b. Owner(s): \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

2. Designated signatory authority of the Mobile Food Establishment:  
[Attach similar information for each authorized representative]

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

3. Mobile Food Establishment Commissary Information:

a. Name: \_\_\_\_\_

b. Owner(s): \_\_\_\_\_

c. Location Address: \_\_\_\_\_  
\_\_\_\_\_

d. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

4. Designated signatory authority of Mobile Food Establishment Commissary:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Section B - Mobile Food Establishment clean water supply from commissary:**

1. Water Bill Information:

- a. Name on Water bill: \_\_\_\_\_
- b. Location Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**Section C - Sewer Information:**

1. Flow Diagram:

Attach a diagram of MFE Food Truck: Show all cooking islands, washing areas, and food storage compartments. Show all sanitary and wastewater drainage plumbed directly or indirectly to wastewater MFE Food Truck storage tank. Indicate location of wastewater disposal line used to empty wastewater tank from MFE Food Truck into Commissary Grease Trap. **Indicate the capacity of sanitary and wastewater storage tanks.** (Hand drawn diagram sufficient)

**Section D - Mobile Food Establishment (MEF)**

1. Mobile Food establishment Operational information.

a.

Days of operation?	
<input type="checkbox"/> Sunday	
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	

Hours of operation?			
	am.		pm.
	am.		pm.
	am.		pm.
	am.		pm.
	am.		pm.
	am.		pm.
	am.		pm.

- b. Estimated people or meals served during largest meal period? \_\_\_\_\_  
\_\_\_\_\_
- c. Type of food prepared on Mobile Food Establishment? \_\_\_\_\_  
\_\_\_\_\_

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- d. Type of food prepared at commissary? \_\_\_\_\_  
\_\_\_\_\_
- e. Average water usage per day?
1. Clean water intake: \_\_\_\_\_ Gallons
2. Wastewater disposal: \_\_\_\_\_ Gallons
- f. How many times per day does the food truck return to the commissary for servicing? \_\_\_\_\_
- g. Are enzymes used in the drains plumbed to the Mobile Food Establishment wastewater storage tank?
- ☐ Yes ☐ No

**Section E - Commissary Grease Trap**

1. Commissary Grease Trap / interceptor information:
- a. What is the size of the commissary Grease trap / Interceptor? \_\_\_\_\_ Gallons \_\_\_\_\_ Pounds
- b. Is the Grease trap / Interceptor a :
- ☐ Single Compartment ☐ Multiple Compartment ☐ Baffled ☐ Hydromechanical
- c. What is the general condition of the commissary grease trap? \_\_\_\_\_

Note: (MFE) Mobile Food Establishments are required to return to the Commissary daily for clean water supply and for wastewater disposal. The line used to dispose wastewater into the grease trap at the commissary must have a containment area to prevent any spillage of wastewater onto the ground. Contact plumbing official for containment requirements.

**Section F - MFE Mobile Food Establishments & Commissary Authorized Signature:**

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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**Representative Statement Signatory Authority of Food Truck Owner/Operator**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Date:

**Representative Statement Signatory Authority of Commissary:**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Date: