



San Mateo County Health Department  
 Environmental Health Services Division  
 2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403  
 www.smchealth.org/food  
 phone (650) 372-6200 fax (650) 627-8244

**INCOMPLETE  
 APPLICATIONS WILL  
 NOT BE ACCEPTED**

## Mobile Food Facility Program Vehicle Substitution Form

Business Name	Owner Name	Assigned Permit Sticker Number
License Plate Number (Current)	Vehicle Identification Number (VIN) (Current)	HCD Insignia Number (Current)
License Plate Number (Replacement)	Vehicle Identification Number (VIN) (Replacement)	HCD Insignia Number (Replacement)

Reason for Substitution:

The Mobile Food Facility listed above may operate with this replacement vehicle until , under the following conditions\*:

\*Any Mobile Food Facility operating without a vehicle permit or this letter shall not sell food. An application for a permit to operate or proof of payment is not acceptable forms of documentation for a valid health permit.

The operator/owner of this vehicle agrees to the terms above. This form must be carried during all hours of operation

**I hereby certify that the above information is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
RECORD ID(s)

\_\_\_\_\_  
REHS APPROVAL

\_\_\_\_\_  
DATE