



COUNTY OF SAN MATEO

Environmental Health Services Division

2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403

Phone (650) 372-6200 Fax (650) 627-8244

www.smchealth.org



ATTENTION MOBILE FOOD FACILITY OPERATORS:

Your permit to operate expires on **February 29, 2016**. Your Mobile Food Facility (MFF) must be inspected and receive a permit sticker to continue operating. If your MFF is not inspected by February 29, 2016, a **25% penalty** will be automatically added to all permit fees. A MFF found operating without a valid permit sticker will be charged three times the permit fee. If you are no longer operating your MFF, complete the **Certification of Non-Operational Mobile Food Facility** below this and return the form to the above address. Your account will be sent to **COLLECTIONS** if you fail to submit the Certification of Non-Operational Mobile Food Facility by **February 29, 2016**.

PARA AYUDA CON ESTA FORMA EN ESPAÑOL, POR FAVOR LLAMAR AL (650) 372-6211.

MOBILE FOOD FACILITY RENEWAL PROCESS CHECKLISTS

In order to schedule an appointment the following must be done:

- Complete Mobile Food Facility Application and submit it to this Department with permit payment.
- For all Limited and Unlimited Food Preparation Units, proof of Food Manager Safety Certificate and ALL Food Handler Cards for all staff must be attached with the application. *Failure to do so will prevent scheduling an appointment.*
- Written operational procedures for food handling, cleaning, and sanitizing of food contact surfaces and utensils shall be submitted.

Appointments are available from February 16-19, February 22-26, February 29 from 9 a.m. to 3 p.m. in Redwood City (see below).

Saturday Appointment: Saturday, February 27 from 9 a.m. to 3 p.m. at the San Mateo office (see above).

Call (650) 372-6234 to schedule your appointment.

Complete the following prior to inspection:

- Install permanent signs on both sides of the vehicle including business name or operator name with the height of at least 3 inches; the city, state, and zip code of commissary shall be at least 1 inch high in a contrasting color. Magnetic signs and permanent marker signs are not acceptable.
- All equipment shall be ready for testing at time of inspection. (i.e., hot (120°F) and cold running water shall be available, hot holding units and steam tables shall be 135°F or above, hand soap and paper towels in dispensers, sanitizer available, refrigerator maintaining temperature (41°F or below), etc.).
- For all enclosed Mobile Food Facilities, a valid and visible State of California Department of Housing and Community Development (HCD) Insignia is required on the vehicle. For information please contact HCD (916) 255-2501.

LOCATION OF INSPECTION:

Grant Corporation Yard
752 Chestnut Street
Redwood City, CA 94063

CERTIFICATION OF NON-OPERATIONAL MOBILE FOOD FACILITY

MFF NAME: _____ OWNER NAME: _____

OWNER ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE NUMBER: _____ LICENSE PLATE #: _____ STICKER PERMIT #: _____

I am no longer operating this mobile food facility in San Mateo County and request that the Environmental Health permit for this facility be cancelled. I hereby certify that the above information is true and correct.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

FOR OFFICE USE ONLY: RECORD ID: _____ REHS APPROVAL: _____ DATE: _____



MOBILE FOOD FACILITY (MFF) APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

TYPE OF APPLICATION: RENEWAL NEW BUSINESS ADDITIONAL VEHICLE/CART CHANGE OF ADDRESS

MFF INFORMATION

FACILITY TYPE:	<input type="checkbox"/> 1540 MFF: PREPACKAGED CART <i>(i.e. ice cream cart, chips and soda cart)</i>	<input type="checkbox"/> 1541 MFF: LIMITED FOOD PREPARATION UNIT <i>(i.e. hot dog cart, tamales cart, dessert truck)</i>
	<input type="checkbox"/> 1542 MFF: PREPACKAGED TRUCK <i>(i.e. produce truck, ice cream truck)</i>	<input type="checkbox"/> 1543 MFF: UNLIMITED FOOD PREPARATION UNIT <i>(i.e. taco truck, gourmet food truck)</i>

MFF NAME: _____

LICENSE PLATE: _____ VIN (LAST 5 DIGITS): _____ STATE HCD INSIGNIA: _____

OWNER INFORMATION

OWNER NAME: _____ PHONE #: _____

OWNER ADDRESS: _____ CITY/STATE/ZIP: _____

Enter mailing address below if different from OWNER ADDRESS. All correspondence will be sent to OWNER ADDRESS, if not specified.

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

LIST ALL FOODS THAT WILL BE SOLD OR ATTACH A MENU:

HEALTHY INITIATIVE (mark one): FRESH FRUITS & VEGETABLES FRESH FRUITS NO VEGETABLES VEGETABLES & NO FRUIT NO FRUITS NO VEGETABLES

ROUTE SCHEDULE

Day of the Week	Time	Location

LOCATION OF RESTROOM: _____

The undersigned hereby applies for a Permit to Operate in San Mateo County and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit is required before continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify San Mateo Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above. **(PERMITS AND FEES ARE NOT TRANSFERABLE.)**

SIGNATURE: _____ PRINT NAME: _____ DATE: _____



MFF COMMISSARY AGREEMENT FORM

SAN MATEO COUNTY COMMISSARY

OUT OF COUNTY COMMISSARY*

*REQUIRES OUT OF COUNTY HEALTH DEPARTMENT SIGNATURE BELOW

FOR MULTIPLE COMMISSARIES, SUBMIT A COMPLETED COMMISSARY FORM FOR EACH LOCATION.

COMMISSARY INFORMATION

COMMISSARY NAME: _____ OPERATOR NAME: _____

COMMISSARY ADDRESS: _____ CITY/STATE/ZIP: _____

COMMISSARY PHONE NUMBER: _____ COMMISSARY FAX NUMBER: _____

COMMISSARY TYPE: RESTAURANT COMMERCIAL KITCHEN VEHICLE COMMISSARY OTHER (specify) _____

I, COMMISSARY OWNER/OPERATOR, WILL PROVIDE THE FOLLOWING SERVICES AT THIS LOCATION:

- | | | |
|---|--|--|
| <input type="checkbox"/> OVERNIGHT MFF STORAGE | <input type="checkbox"/> GARBAGE & GREASE DISPOSAL | <input type="checkbox"/> FOOD PREPARATION AREA |
| <input type="checkbox"/> UTENSIL WAREWASHING AREA | <input type="checkbox"/> POTABLE WATER SUPPLY | <input type="checkbox"/> APPROVED RESTROOMS |
| <input type="checkbox"/> LIQUID WASTE DISPOSAL | <input type="checkbox"/> FOOD & UTENSIL STORAGE | <input type="checkbox"/> COOKING FACILITIES |

I, COMMISSARY OWNER/OPERATOR, hereby declare that I hold a valid environmental health permit to operate a commissary as defined by the California Retail Food Code, Chapter 10. *Note: Include copy of valid Environmental Health or State Permit for out all Out of County Commissaries. I will also notify San Mateo County Environmental Health by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

MFF INFORMATION

LOCATION OF OVERNIGHT VEHICLE/CART STORAGE: _____	LOCATION OF UTENSIL WAREWASHING: _____
LOCATION OF FOOD PREPARATION/COOKING: _____	REFILLING WATER & DISCHARGE OF WASTEWATER: _____

IF MULTIPLE LOCATIONS ARE LISTED, SUBMIT A COMPLETED COMMISSARY FORM FOR EACH LOCATION. FAILURE TO DO SO WILL DELAY APPROVAL OF YOUR PERMIT.

I, MFF OWNER/OPERATOR, will operate out of the above mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted above) [C.H.S.C. Sec. 114297]. I will store the MFF at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (650) 372-6200 to make the necessary changes.

SIGNATURE: _____ PRINT NAME: _____ MFF BUSINESS NAME: _____ DATE: _____

***ENVIRONMENTAL HEALTH DEPARTMENT (OUT OF COUNTY ONLY):**

If commissary establishment is outside of San Mateo County, the local environmental health jurisdiction is verifying that current commissary health permit is valid by signing this form. _____ County verifies that the above mentioned commissary is located in _____ County and meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. The above checked requirements are available at the proposed commissary.

NAME:	SIGNATURE:	REHS #:
PHONE #:	EMAIL:	DATE: