



## MOBILE FOOD FACILITY (MFF) APPLICATION

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**TYPE OF APPLICATION:** ☐ RENEWAL ☐ NEW BUSINESS ☐ ADDITIONAL VEHICLE/CART ☐ PLAN CHECK ☐ CHANGE OF ADDRESS

### MFF INFORMATION

**FACILITY TYPE:**

- ☐ 1540 MFF: PREPACKAGED CART  
*ice cream cart, chips and soda cart*
- ☐ 1541 MFF: LIMITED FOOD PREPARATION UNIT  
*hot dog cart, tamales cart, dessert truck*
- ☐ 1542 MFF: PREPACKAGED TRUCK  
*produce truck, ice cream truck*
- ☐ 1543 MFF: UNLIMITED FOOD PREPARATION UNIT  
*taco truck, gourmet food truck*

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 FOOD PREPARATION/COOKING:** \_\_\_\_\_

**LOCATION OF UTENSIL WAREWASHING:** \_\_\_\_\_

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: \_\_\_\_\_ 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: