



MOBILE FOOD FACILITY (MFF) APPLICATION

TYPE OF APPLICATION

RENEWAL NEW BUSINESS ADDITIONAL VEHICLE/CART

***FOR MOBILE FOOD PLAN REVIEW, SUBMIT THE PLAN CHECK FOOD PROGRAM APPLICATION.**

MFF INFORMATION

FACILITY TYPE:

- FO500: PREPACKAGED CART (e.g., ice cream cart, chips/soda cart) FO510: LIMITED FOOD PREPARATION UNIT (e.g., hot dog cart, tamales cart, dessert truck)
- FO520: PREPACKAGED TRUCK (e.g., product truck, ice cream truck) FO530: UNLIMITED FOOD PREPARATION TRUCK (e.g., taco truck, gourmet food truck)

MOBILE FOOD FACILITY BUSINESS NAME: _____

LICENSE PLATE #: _____ VIN # (last 5 digits): _____ HCD INSIGNIA #: _____

*(ENCLOSED MFF ONLY)

SELECT OTHER BAY AREA COUNTIES WHERE YOU PLAN TO OPERATE OR ARE CURRENTLY PERMITTED:

ALAMEDA CONTRA COSTA SANTA CLARA SANTA CRUZ SAN FRANCISCO SOLANO OTHER _____

FACILITY INFORMATION

OWNER NAME: _____ PHONE#: _____ CELL #: _____

OWNER ADDRESS: _____ CITY/ST/ZIP: _____

E-MAIL: _____ WEBSITE: _____

IS MAILING ADDRESS DIFFERENT FROM OWNER ADDRESS? INDICATE BELOW. ALL CORRESPONDENCE WILL BE SENT TO OWNER ADDRESS UNLESS SPECIFIED. UPDATE INFORMATION? YES NO

MAILING ADDRESS/CITY/STATE/ZIP _____

MFF TYPE OF BUSINESS

TYPE OF BUSINESS OPERATION: DRIVE A ROUTE OPERATE IN ONE LOCATION
 OPERATE AT TEMPORARY EVENTS OTHER (e.g., Off the Grid, etc.) _____

ROUTE INFORMATION

LOCATION/TEMP EVENT ADDRESS & CITY		DAYS OF OPERATION							START TIME	END TIME
		<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU		
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

LOCATION(S) OF RESTROOM: _____

The undersigned hereby applies for a Permit to Operate in San Mateo County and agrees to operate in accordance with all applicable 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. I agree to notify San Mateo County Environmental Health Services of any change in the type of business activity, name, billing address, commissary agreement, or ownership. **PERMITS AND FEES ARE NOT TRANSFERABLE.**

Print Owner/Representative: _____ Signature: _____ Date: _____



COMMISSARY AGREEMENT FORM

SAN MATEO COUNTY COMMISSARY

OUT-OF-COUNTY COMMISSARY*

*REQUIRES OUT- OF-COUNTY ENVIRONMENTAL HEALTH VERIFICATION BELOW

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

COMMISSARY INFORMATION

COMMISSARY NAME: _____ OPERATOR NAME: _____
 COMMISSARY ADDRESS: _____ CITY/ZIP: _____
 COMMISSARY PHONE #: _____ COMMISSARY FAX #: _____
 COMMISSARY E-MAIL: _____

COMMISSARY TYPE

RESTAURANT COMMERCIAL KITCHEN VEHICLE COMMISSARY OTHER _____

COMMISSARY OWNER/OPERATOR AGREEMENT

I, COMMISSARY OWNER/OPERATOR, WILL PROVIDE THE FOLLOWING SERVICES TO THE MFF APPLICANT:

FOOD PREPARATION AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO	COOKING FACILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFRIGERATED/FROZEN FOOD STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOOD & EQUIPMENT DRY STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAREWASHING AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO	POTABLE WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIQUID WASTE DISPOSAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	GREASE/OIL DISPOSAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
GARBAGE DISPOSAL COOKING FACILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRICAL HOOK UP	<input type="checkbox"/> YES <input type="checkbox"/> NO
OVERNIGHT MFF STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ENCLOSED OVERNIGHT PARKING (CARTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO

I, COMMISSARY OWNER/OPERATOR, hereby declare that I hold a valid Environmental Health Services permit to operate a commissary as defined by the California Retail Food Code, Chapter 10. *Note: Include copy of valid Health Permit for Out of County Commissaries. I will notify San Mateo County Environmental Health Services in writing of any change in the status of my operation, health permit, or upon termination of this agreement.

Print Owner/Representative: _____ Signature: _____ Date: _____

MFF OWNER/OPERATOR INFORMATION

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) [CRFC Sec. 114297]. I will store at the MFF at the approved commissary or another approved location overnight (not at residence). I will notify San Mateo County Environmental Health Services in writing of any changes to this agreement.

MFF BUSINESS NAME: _____ LICENSE PLATE #: _____

Print Owner/Representative: _____ Signature: _____ Date: _____

OUT OF COUNTY ENVIRONMENTAL HEALTH VERIFICATION

If the proposed commissary is outside of San Mateo County, the local environmental health jurisdiction shall verify the commissary health permit is valid by signing below. _____ County/City verifies the above-mentioned commissary meets the requirements of the California Retail Food Code, Section 114294-114297 and 114326. The above checked requirements are available at the commissary.

REHS Name: _____ Signature: _____ REHS #: _____

Phone #: _____ E-Mail: _____ Date: _____



MFF STANDARD OPERATING PROCEDURE (FO510/FO530 only)

MFF INFORMATION

MFF BUSINESS NAME: _____

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

1. WHERE IS FOOD PURCHASED FOR THE MFF: _____

2. HOW IS THE FOOD TRANSPORTED FROM PURCHASE TO THE MFF OR COMMISSARY? _____

3. WHAT FOODS ARE PREPARED OR COOKED AT THE COMMISSARY? _____

4. WHAT FOODS ARE PREPARED OR COOKED ON THE MFF? _____

5. ARE ANY FOODS COOKED AHEAD THEN COOLED AND REHEATED AT A LATER TIME? WHERE AND HOW ARE THE FOODS COOLED? WHERE AND HOW ARE THEY REHEATED AND TO WHAT TEMPERATURE? _____

6. WHAT IS THE TEMPERATURE OF FOOD WHEN IT IS LOADED ON MFF? _____

7. HOW OFTEN ARE HOT AND COLD FOOD TEMPERATURES TAKEN DURING SERVICE? _____

8. HOW IS THE REFRIGERATION UNIT POWERED DURING SERVICE? (GENERATOR, ELECTRICAL OUTLET, OTHER) _____

9. HOW IS THE FINAL COOKING TEMPERATURE OF RAW PROTEINS CHECKED? _____

10. AFTER SERVICE, WHAT IS DONE WITH ANY FOODS IN HOT HOLDING UNITS? (E.G., STEAM TABLE) _____

11. WHERE IS FOOD STORED OVERNIGHT AND AT WHAT TEMPERATURE? (CHECK TEMPERATURE AT BEGINNING AND END OF DAY) _____

12. WHERE ARE UTENSILS AND EQUIPMENT CLEANED AND SANITIZED? (MFF, COMMISSARY, OTHER) _____

13. WHERE IS WASTEWATER FROM THE TANKS DISCHARGED? (COMMISSARY, OTHER) _____

14. WHERE IS MFF CLEANED? _____

15. WHERE IS MFF STORED OVERNIGHT? _____

16. WHERE ARE UTENSILS AND EQUIPMENT CLEANED AND SANITIZED? (MFF, COMMISSARY, OTHER) _____

I, MFF OWNER/OPERATOR, will follow the Standard Operating Procedures (SOPs) approved by San Mateo County Environmental Health Services. I will notify San Mateo County Environmental Health Services in writing of any changes to these SOPs.

Print Owner/Representative: _____ Signature: _____ Date: _____