



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
(925) 608-5500 (925) 608-5502 FAX
<http://cchealth.org/eh/>



FORM
A

MOBILE FOOD FACILITY PERMIT APPLICATION

**ALL FEES MUST BE PAID BEFORE INSPECTION. PAYMENT ALONE DOES NOT GUARANTEE THE RIGHT TO OPERATE.
FOR PERMIT COSTS REFER TO CURRENT FEE SCHEDULE.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Enclosed/ Unenclosed Mobile Food Facility (PE 0718) | Handling, preparing or cooking non-prepackaged potentially hazardous foods. Extended menu limited food preparation | <input type="checkbox"/> Push Carts: <input type="checkbox"/> (1-4 carts) <input type="checkbox"/> (5-10 carts) <input type="checkbox"/> (11 or more) |
| <input type="checkbox"/> Limited Preparation Use Mobile Food Facility (PE 0708) | Hot dog, coffee, shaved ice, tamales, non-prepackaged non-potentially hazardous foods, prepackaged potentially hazardous food, other : _____ | <input type="checkbox"/> Mobile Support Unit (PE 0745) |
| <input type="checkbox"/> Pre-packaged Ice Cream Mobile Food Facility (PE 0728) | Pre-packaged ice cream and pre-packaged non-potentially hazardous foods only | <input type="checkbox"/> Auxiliary Conveyance Unit (PE 0746) |
| <input type="checkbox"/> Pre-packaged/ Whole Uncut Fruit Food Mobile Food Facility (PE 0738) | Pre-packaged non-potentially hazardous foods only or whole uncut produce only | <input type="checkbox"/> Additional Operating Unit (PE 0747) |
| | | <input type="checkbox"/> Change of Commissary <input type="checkbox"/> Change of Address |
| | | <input type="checkbox"/> Change of Ownership |
| | | <input type="checkbox"/> Veteran / Non-Profit Exempt
(Requires copy of DD-214 or proof of Non-profit status) |

Permit Holder's Name (Last Name, First Name/ Corporation)		Email Address	
Permit Holder's Address		City/State/Zip	Permit Holder's Telephone
Registered Vehicle Owner's Business Telephone		Permit Holder's Driver's License # and Expiration Date	Permit Holder's Social Security or Federal Tax ID#
Legal Business Name (DBA)		Care Of (billing office or person in charge)	
Billing Address		City/State/Zip	Permit Holder's FAX#
Registered Vehicle Owner's Name		Registered Vehicle	
Year / Make / Color	Vehicle Identification Number (VIN)	License Plate #	

I understand that all food, food related items, and my mobile food facility (MFF) shall be stored at the listed commissary/or facility approved by Contra Costa Environmental Health (CCEH). I will report to the commissary at least once each operating day for cleaning and servicing of my MFF. I will notify CCEH in writing of any changes with the listed commissary.

I understand that an approved functioning power source will be provided. All electrical units (e.g., refrigeration) inside the MFF will have continuous power.

I understand that failure to make the required corrections and/or repeat violations may result in re-inspection fees charged to my operations. Additional legal action(s) may be taken against my operations by CCEH. I understand that failure to comply with the requirements of the California Retail Food Code may result in my operating permit being suspended and/or revoked.

The undersigned hereby applies for a Permit to Operate in Contra Costa 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 fees and late penalties, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify Contra Costa 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).**

Your permit to operate expires at the end of each calendar year. Your MFF must be inspected and receive a permit to operate. An MFF operating without a valid permit may be assessed a penalty of three times the permit fee.

Signature (Applicant)	Position / Title	Date
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FOR OFFICE USE ONLY

FA #	PR#	P/E: _____	XR	Received by:	Supervisor:	REHS:
Amount Due: \$ _____ Amount Paid: \$ _____				Check #: _____	CASH	Credit Card: MC _____ VISA _____
						Date Received:



COMMISSARY AGREEMENT*

I hereby declare that I hold a valid environmental health permit to operate a commissary as defined by the California Retail Food Code, Chapter 10 meeting the California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.

For multiple commissaries, submit a completed commissary form for each location.

*Note: Include copy of valid Health Permit for out-of-county commissaries.

Commissary Name

Commissary Address (City, State, Zip)

Telephone Email

I hereby declare and certify that [Vehicle Name], with license plate [License Plate #] is operating out of the above

commissary. This commissary agreement is valid until [Date] (Contra Costa County Mobile Food Facility (MFF) permits expire at the end of the calendar year).

Date

I understand and agree to provide the following requirements for the above Mobile Food Facility: (Check all that apply)

- Mobile food facility overnight parking/ storage area.
Enclosed cover/ adequate space for overnight storage for carts.
Mobile food facility electrical hook up connection.
Food preparation/handling area with available handwash sinks.
Commercial cooking kitchen
Sufficient food/utensil storage space will be provided and designated for each mobile food facility inside the commissary.
Refrigeration storage Freezer Storage Dry Good Storage Utensil Storage
Utensil washing area (warewash sinks/ mechanical warewash machine)
Liquid waste from the Mobile Food Facility discharged to: Mop Sink Wash Pad
Hot and cold potable water, protected from potential back flow, available for the mobile food facility.
Approved restrooms available for the mobile food facility operators.
Consumable / Non-consumable ice (please circle)
Garbage and rubbish disposed of in a sanitary manner.

I will notify Contra Costa Environmental Health by written document, of any change in the status of my operation, my environmental health permit, when this commissary agreement is terminated or when the MFF fails to utilize the services checked above at this commissary.

Signature (Commissary Representative) Date

Print Name (Commissary Representative)

ENVIRONMENTAL HEALTH DEPARTMENT:

If commissary establishment is outside of Contra Costa County, the local environmental health jurisdiction shall verify current commissary health permit by signing below. Food establishment is in [County] County. Facility above meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. The above checked requirements are available at the proposed commissary.

Signature (County REHS) Date Telephone Number

Print Name (County REHS) REHS # E-Mail Address



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FORM
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MOBILE FOOD FACILITY OPERATING SCHEDULE

IMPORTANT: We must be able to contact you in order to inspect your vehicle. Please contact this Division if any of the information below should change. Failure to provide accurate information may result in permit suspension.

Name of Mobile Food Facility (MFF) _____ License Plate # _____ Contact # _____

Check one of the following boxes:

I plan on operating in one location at: _____ (Street Address, City)

Distance from Commissary to location is: _____ (miles)

Approximate time to reach location from Commissary is: _____ (minutes)

Power source at location (circle one): Generator Electrical Outlet Battery (via inverter)

I plan on operating in many locations or on a route.

Power source of MFF during route (circle one): Built in Generator Motor Other _____

List all days, times and locations where you plan to operate. Attach additional pages if necessary.
 If your operating location(s) or route change(s), resubmit this form to our office within 3 business days.

Day	Start time	Stop time	Street Address	City

Approximate time entering commissary for food preparation/handling _____ AM _____ PM

Approximate time leaving commissary to start operations _____ AM _____ PM

Approximate time returning back to commissary to store and service MFF _____ AM _____ PM

Signature (Applicant) _____

Date _____

MOBILE FOOD FACILITY OPERATING INFORMATION

(Complete All That Applies)

1. List all the foods that will be sold or attach a copy of a menu:

2. Foods served from the mobile food facility will be prepared/ stored at the following:

- Inside the Mobile Food Facility
- Commissary/ Approved Food Facility
- Permitted Commercial Kitchen (Shall be operated by same owner of MFF)

Name and Address of Facility (Provide copy of Environmental Health Permit): _____

3. Foods will be cooked, cooled and stored at the following location:

Note: Cooling is NOT allowed in Unenclosed Limited Food Preparation Mobile Facilities. The food facility shall have adequate space / equipment to cool all food products including but not limited to working space, refrigeration, ice machines, shallow pans etc. CCEH reserves the right to prohibit cooling of potentially hazardous foods if the food facility cannot provide the adequate space / equipment.

- Inside the Mobile Food Facility
- Commissary/ Approved Food Facility
- Permitted Commercial Kitchen (Shall be operated by same owner of MFF)

Name and Address Facility (Provide copy of Environmental Health Permit): _____

4. List type of foods that will be cooked, cooled and reheated for hot holding in the Mobile Food Facility. Describe cooling process for each food listed. (Please attach additional pages if necessary)

5. Describe / explain when, where and how, large and small ware will be cleaned and sanitized. Provide concentration of sanitizer used.

6. Explain how/ where mobile food facility will discharge grey water and how/ where clean potable water will be filled.

Signature of Applicant

Date



MOBILE FOOD FACILITY RESTROOM AGREEMENT**

I HEREBY DECLARE THAT I HAVE APPROVED TOILET AND HANDWASHING FACILITIES AS DEFINED BY THE CALIFORNIA RETAIL FOOD CODE, SECTION 113953, 113953.3, AND 114276.

RESTROOM FACILITY:

Restroom Facility Name

Restroom Facility Address City, State, Zip Code

Telephone Number Fax Email Address

I, (Restroom Facility Owner/Operator), hereby certify that, (Mobile Food Facility Owner/Operator),

doing business as (Mobile Food Facility Business Name), with vehicle license plate (License Plate #), and

all employees thereof, have unrestricted access to the toilet and handwashing facilities located at the abovementioned address at any time during normal business hours. This agreement is valid until (Date).

I agree to provide approved toilet and handwashing facilities as stated above. At any time the contract has been terminated or the mobile food facility fails to utilize the toilet and handwashing facilities as stated above, I will contact Contra Costa Environmental Health Division by written document.

Signature (Restroom Facility Owner/Operator) Date

Print Name (Restroom Facility Owner/Operator) Date

MOBILE FOOD FACILITY:

I, (Mobile Food Facility Owner/Operator), doing business as (Mobile Food Facility Business Name), with vehicle license

plate (License Plate #), and all employees thereof, agree to utilize the toilet and handwashing facilities at the

Above mentioned address in accordance with the California Retail Food Code, Section 114276.

Signature (Mobile Food Facility Owner/Operator) Date

Print Name (Mobile Food Facility Owner/Operator) Date

**Note: As per the California Retail Food Code, Section 114315, this Mobile Food Facility Restroom Agreement is only required when mobile food facilities stop to conduct business for more than a 1 hour period.



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FORM
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ELECTRICAL CONNECTION AGREEMENT

THIS DOCUMENT IS REQUIRED WHEN MOBILE FOOD FACILITIES OPERATE AT A STATIONARY LOCATION APPROVED BY CONTRA COSTA COUNTY ENVIRONMENTAL HEALTH (CCEH) AND APPROVED BY THE LOCAL PERMITTING CITY/COUNTY.

MOBILE FOOD FACILITY:

I, _____, doing business as _____, with vehicle license
(Mobile Food Facility Owner/Operator) (Mobile Food Facility Business Name)

plate _____ understand that approved electrical power shall be supplied at all times to operate the
(License Plate #)

exhaust, lighting, electric water heaters, refrigeration units, and any other accessories and appliances that are installed in my mobile food facility as specified under California Retail Food Code Section 114182.

 Signature (Mobile Food Owner/Operator)

 Date

ELECTRICAL CONNECTION PROVIDER:

 Electrical Connection Provider Facility Name

 Electrical Connection Provider Facility Address

 City, State, Zip Code

 Telephone Number

 Fax

 Email Address

I, _____, hereby certify that, _____, doing business as
(Electrical Connection Provider Owner/Manager) (Mobile Food Facility Owner/Operator)

_____, with vehicle license plate _____ has access and permission to use the
(Mobile Food Facility Business Name) (License Plate #)

electrical outlet to provide power for their operations during the following day/times:

DAYS (circle): SUN MON TUE WED TH FRI
SAT
TIME: From _____ to _____

This agreement is valid until _____. I agree to contact CCEH if this agreement is ever terminated prior to
(Date)

the aforementioned end date, and if there is a change in operations to this business or the mobile food facility listed above.

 Signature (Electrical Connection Provider Owner/Manager)

 Date

 Print Name (Electrical Connection Provider Owner/Manager)



FOOD FACILITY STORAGE AGREEMENT**

I HEREBY DECLARE THAT I HOLD A VALID ENVIRONMENTAL HEALTH PERMIT TO OPERATE A FOOD FACILITY AS DEFINED BY THE CALIFORNIA RETAIL FOOD CODE, SECTIONS 113700-114337 (INCLUDE COPY OF THE VALID ENVIRONMENTAL HEALTH OR STATE PERMIT).

FOOD STORAGE FACILITY:

Food Storage Facility Name _____

Food Storage Facility Address _____ City, State, Zip Code _____

Telephone Number _____ Fax _____ Email Address _____

I, _____, hereby certify that, _____, doing business as
 (Food Storage Facility Owner/Operator) (Mobile Food Facility Owner/Operator)

_____, with vehicle license plate _____ is using the above food facility to
 (Mobile Food Facility Business Name) (License Plate #)

store all of their pre-packaged, non-potentially hazardous food at the end of each operating day. This agreement is valid until _____. I agree to provide adequate storage at the food facility listed above. At any time the
 (Date)

contract has been terminated or the mobile food facility fails to store the food at the food facility listed above, I will contact Contra Costa Environmental Health.

 Signature (Food Storage Facility Owner/Operator) (Date)

 Print Name (Food Storage Facility Owner/Operator)

MOBILE FOOD FACILITY:

I, _____, doing business as _____, with vehicle
 (Mobile Food Facility Owner/Operator) (Mobile Food Facility Business Name)

license plate _____ agree to store all food (pre-packaged, non-potentially hazardous) at the above food
 (License Plate #)

facility at the end of each operating day.

 Signature (Mobile Food Facility Owner/Operator) (Date)

 Print Name (Mobile Food Facility Owner/Operator)

**Note: This Food Facility Storage Agreement is valid ONLY & STRICTLY for mobile food facilities proposing to sell/vend pre-packaged, non-potentially hazardous foods (i.e. candy, soda, water, etc.) and whole uncut produce. All pre-packaged foods are to be in original packaging with proper labels. Sale of re-packaged items is prohibited.