

Mobile Food Facility Permit Application. Applications expire in six (6) months

- Renewal call 510-567-6810
- Consultation (\$174)
- Change of Ownership (\$207)

- Plan Check (\$514)
- New Permit or Single Event Permit (\$207)
- Event Name: _____
- Event Dates: _____

Fees are due with your application. All fees are non-refundable and a 14 day-hold will be placed on all checks. Submit this application and payment by mail to the above address or email your application to: DEHWEBBILLING@acgov.org. You will receive an invoice via email, and payment can be made on line. Once the review process is complete, an inspector will contact you to schedule a final inspection.

Incomplete applications will delay the review process

FOR OFFICE USE ONLY: SR#	Paid \$	Date Rec'd:
FA#	PR#	

BUSINESS OWNER/APPLICANT NAME	EMAIL ADDRESS
MAILING ADDRESS	CITY, STATE, ZIP
CELL PHONE#	BUSINESS/ALTERNATE PHONE#
BUSINESS NAME:	HCD INSIGNIA NUMBER (NOT REQUIRED FOR UNENCLOSED CARTS AND TRANSPORT VEHICLES):
Vehicle Owner Name:	Vehicle Identification Number(VIN):
Vehicle License Plate#	Vehicle Year & Make
Owner/Applicant's Driver License# or I.D. Card	
List the other Counties in the Bay Area where you plan to operate or are currently permitted:	
SIGNATURE	POSITION / TITLE
DATE	DATE
X	
If applying for single event provide the following: Copy of any current county health permit and DMV registration, Pictures of front and back and four sides of the outside and inside, HCD insignia and license plate.	
PE CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Annual Permit Fee \$ _____
<input type="checkbox"/> Approved	
REHS Signature:	Date:

MOBILE FOOD FACILITY NEW PERMIT/PERMIT RENEWAL/PLAN CHECK CHECKLIST

Please submit the following required documents with your completed permit application or at the final inspection:

- Menu
- Written Standard Operating Procedures if you are a carts with 4 sinks
- Food Safety Certificate of Person in Charge of food safety management
- Current DMV Registration
- Current Driver License and/or valid I.D. card
- Copy of the last CA Dept. Housing & Community Development <http://www.hcd.ca.gov/> inspection report (Not required for unenclosed carts and transport vehicles)
- Additional licenses and permits may be required by other local agencies in order to operate. Please consult with all other applicable agencies

Additional documents/items that may be required depending on the type of business:

- Copy of Processed Food Registration from State Food and Drug Branch* <http://www.cdph.ca.gov/programs/Pages/FDB%20ProcessedFoods.aspx>
- State Canning Registration* <http://www.cdph.ca.gov/programs/Pages/fdbCAN.aspx>
- Milk Handlers License, Milk Product License, or Soft Serve Machine License issued by Dept. of Food and Agriculture, Milk and Dairy Branch* [http://www.cdpha.ca.gov/ahfss/Milk and Dairy Food Safety/Milk Product Licenses.html#Frozen](http://www.cdpha.ca.gov/ahfss/Milk%20and%20Dairy%20Food%20Safety/Milk%20Product%20Licenses.html#Frozen)
- License issued by the USDA or State Meat, Poultry, and Egg Safety Branch* <http://www.cdpha.ca.gov/ahfss/mpes/index.html>
- Copy of HACCP or other applicable food safety program
- Sampling Plan if you intend to provide samples of your product to the consumer
- Example of labels and packaging that will be used on prepackaged products
- Cold or hot holding equipment that will be used to maintain required holding temperatures for potentially hazardous foods during transit and at point of service
- Approved construction plans or pictures of the inside and outside of the cater truck or cart <http://www.acgov.org/aceh/food/REQUIREMENTS-FOR-MOBILE-FOOD-PLAN-SUBMITTAL.pdf>

MOBILE FOOD FACILITY PERMIT RENEWAL INSPECTION CHECKLIST

Call **510-567-6810** to schedule your appointment at our office two months before your permit expires
Failure to complete the following may delay or postpone your permit renewal:

- the truck is free from debris, dirt, grease, and other soils
- adequate volume and pressure of Hot and Cold Water supplied to hand and utensil washing sinks
- all food equipment must be in approved working condition. Provide thermometers for all hot/cold holding units
- liquid soap and disposable paper towels supplied in clean dispensers at the hand sink
- a properly mounted, B/C rated Fire Extinguisher readily accessible, up-to-date First Aid Kit
- exterior signage on the truck/trailer (both sides) or cart (consumer side) must include: Business Name or Permit Holder's Name, City, State, Zip Code and Name of the permittee if different than the business name

1. Food served from the mobile food unit is stored at (check all that apply):

- Commissary
- Other (describe): _____

2. Where do you dispose of the dirty water from your waste tanks?

- Commissary
- Other (describe): _____

3. Where do you wash your mobile food facility?

- Commissary
- Other (describe): _____

4. Type of Business Operation

- Drive a Route Operate in one location Operate at Temporary Events
- Other (describe): _____

5. How is the Refrigeration currently being powered on the mobile unit when it is in-service and away from the commissary? (Check all that apply)

- GENERATOR
- ELECTRICAL OUTLET (complete Electrical Outlet/Plug-in Agreement below)
- Other (describe): _____

6. Where will I obtain ice?

- Commissary
- Other (describe): _____

7. Menu

ELECTRICAL OUTLET – “PLUG-IN” & RESTROOM AGREEMENT

_____ has permission to use the electrical outlet(s) and restrooms for food handlers at the following address _____

During the following days/times: DAYS (circle) SU M TU W TH F SA TIME: From _____ to _____

Property Owner/Manager: (print name) _____ Cell# _____

Property Owner/Manager (Signature): _____

COMMISSARY/COMMERCIAL KITCHEN AGREEMENT

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

PART D

Section 1: Pursuant to California Retail Food Code, I will notify Alameda County Environmental Health upon termination of this agreement or if the operator voluntarily ceases using this facility

Commissary / Commercial Kitchen	Owner Name
Street Address	City & Zip Code
Cell Phone#	Alternate Phone#

I, (Facility Owner/ Manager) _____

agree to provide the following services to _____

SERVICES PLEASE CIRCLE YES OR NO:

- | | | | |
|---|--|---------------------------------------|--|
| Facilities to prepare or package food | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dry food storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Toilet & handwashing facilities | <input type="checkbox"/> YES <input type="checkbox"/> NO | Waste grease removal | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Waste tank/sewage disposal | <input type="checkbox"/> YES <input type="checkbox"/> NO | Chemical storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Garbage disposal | <input type="checkbox"/> YES <input type="checkbox"/> NO | Overnight parking (MFPU) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Potable (drinkable) water supply | <input type="checkbox"/> YES <input type="checkbox"/> NO | Enclosed overnight parking (carts) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Electrical hook-up | <input type="checkbox"/> YES <input type="checkbox"/> NO | Refrigeration/frozen food storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Equipment/utensil storage | <input type="checkbox"/> YES <input type="checkbox"/> NO | Supply food product – i.e. ice, meats | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Warewash facility (i.e. 3 compartment sink) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Any "NO" answers must be explained below. Additional Commissary agreements may be required:

Authorized Signer _____ Date _____ Phone _____
REHS Signature _____ Date _____ Phone _____

Section 2: is required for Commissary/Commercial Kitchen facilities located OUTSIDE of Alameda County or in the City of Berkley

If the proposed facility is located outside of Alameda County and Berkeley, the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit by signing below. The establishment is in _____ County/City.

An REHS signatures verifies that the facility indicated in **Section 1** meets CALCODE: Section 114294 – 114297.

_____	_____
Out of County REHS Name (Please Print)	Phone
_____ / _____	_____
Out of County REHS Signature & Date Received	E-mail Address

MOBILE FOOD FACILITY ROUTE SHEET

PART E

If a health inspector attempts an inspection of this mobile food facility based on the route sheet on file and the facility is not at the location specified the next inspection may be charged as a rescore inspection. Failure to be at a location specified on the route sheet may be considered a refusal to permit entry or inspection, concealment or withholding of evidence or interference of the duties of an enforcement officer. This may be considered a violation of the retail food code, ordinance and regulations.

Submit updates by mail to 1131 Harbor Bay Pkwy, Alameda, CA 94502 or email your inspector
 My current route location of operation is posted on our website: _____

Name of Mobile Food Facility:	
PR #:	License Plate #:

Location(s)/Temp Event(s) Address, w/City and Zip	Days of Operation							Start Time	End Time
	M	Tu	W	Th	F	Sat	Sun		
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"/>	_____	_____

Name of Owner/Operator: _____ Signature: _____

Mobile Ph #: _____ Alt Mobile#: _____ Date: _____