



**CONTRA COSTA  
ENVIRONMENTAL HEALTH DIVISION**  
2120 DIAMOND BOULEVARD, SUITE 200  
CONCORD, CA 94520  
(925) 692-2500 (925) 692-2502 FAX  
<http://cchealth.org/eh/>



**FORM  
A**

## MOBILE FOOD FACILITY 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 Mobile Food Facility / Unenclosed Mobile Food Facility  | Preparing/cooking potentially hazardous foods   | Food Safety Certificate Provider: _____   |
| <input type="checkbox"/> Limited Use Mobile Food Facility "Moderate Risk"   | Circle type of vehicle/cart:<br>Hot dog, coffee, shaved ice, tamales,<br>prepackaged potentially hazardous food, ice<br>cream truck, other_____ | Certificate No: _____ Expiration Date: _____  |
| <input type="checkbox"/> Limited Use Mobile Food Facility "Low Risk"  | Whole uncut produce, pre-packaged non-potentially hazardous foods only  | Name of Food Safety Certificate Holder:<br>_____  |
| <input type="checkbox"/> Push Carts: <input type="checkbox"/> (1-4 carts) <input type="checkbox"/> (5-10 carts) <input type="checkbox"/> (11 or more) |   | (Required for Mobile Food Facilities that handle non-prepackaged foods)   |
| <input type="checkbox"/> Auxiliary Conveyance <input type="checkbox"/> Mobile Support Unit <input type="checkbox"/> Change of Commissary Only         |   | <input type="checkbox"/> Plan Check Review (For new MFF)  |
|   |   | <input type="checkbox"/> Veteran / Non-Profit Exempt<br>(Requires copy of DD-214 or proof of Non-profit status) |
|   |   | <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address                         |

Permit Holder's Name (Last Name, First Name)		Email Address	
Permit Holder's Address		City/State/Zip	Permit Holder's Telephone (if different)
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 the Local Enforcement Agency.

I understand that an approved functioning power source will be provided. All electrical units inside the Mobile Food Facility 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 Contra Costa Environmental Health (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 Mobile Food Facility (MFF) must be inspected and receive a permit to operate. A MFF operating without a valid permit may be assessed a penalty of three times the permit fee.

Signature (Applicant) \_\_\_\_\_ Position / Title \_\_\_\_\_ Date \_\_\_\_\_

### 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:	





**CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
 (925) 692-2500 (925) 692-2502 FAX  
<http://cchealth.org/eh/>



FORM  
C

## 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: \_\_\_\_\_ 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. My food handling practices are the following (circle all that applies):**

Cook to order Potentially Hazardous Foods (PHF)	No cooking of PHF	Handling of non-PHF, non-prepackaged PHF
Cook, cool, reheat and hot hold of PHF	Assembly only of PHF	Sale of re-packaged non-PHF
Cook and hot hold of PHF	Sale of whole uncut produce	Sale of pre-packaged non-PHF
Reheat to order of PHF	Sale of pre-packaged ice cream	

**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)

**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)

**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 mobile food facility will discharge grey water and how clean potable water will be filled.**

**7. Repackaging of non-PHF hazardous foods are being conducted in the following location (include completed Form B):**



**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, \_\_\_\_\_, hereby certify that, \_\_\_\_\_,  
 (Restroom Facility Owner/Operator) (Mobile Food Facility Owner/Operator)

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

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

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

abovementioned 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.



**CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
 (925) 692-2500 (925) 692-2502 FAX  
<http://cchealth.org/groups/eh>



FORM  
F

## 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.