



CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION
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<http://cchealth.org/eh/>



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 _____