



Contra Costa Environmental Health Mobile Food Facility Health Permit – Annual Permit Renewal Checklist

Submit this checklist to Environmental Health via the US Mail, in person, or by attaching a signed copy to an email addressed to RetailFood@cchealth.org. Be sure to include **Forms A & B** as well as any updated information by submitting the appropriate other forms indicated below OR mark “No changes” if any of this information is unchanged from documents currently on file with Environmental Health.

Additionally, you will need to pay your annual permit fee either in person, by telephone at (925) 608-5500, or online via <https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx> prior to scheduling an inspection appointment.

A. Ownership / Applicant Info (Form A)

- This form is required for renewal.
Form A submitted with checklist.

B. Commissary Agreement (Form B)

- This form is required for renewal.
Form B submitted with checklist.

C. Operating Schedule (Form C)

- No changes.
- Changes made. Include Form C.

D. Operating Information (Form D)

- No changes.
- Changes made. Include Form D.

E. Restroom Agreement (Form E)

- No changes.
- Changes made. Include Form E.

F. Electrical Connection Agreement (Form F)

- No changes.
- Changes made. Include Form F.

G. Food Facility Storage (Form G)

- No changes.
- Changes made. Include Form G.

H. Planned Non-Operation

- I do not intend to operate a MFF in calendar year 2022.

Pursuant to the California Health and Safety Code Sections 113715, 114381(a), and 114387, and Contra Costa County Ordinance Sections 413-3.602 and 413-3.604, a valid health permit is required to operate a mobile food facility. Operating without a valid Health Permit, is subject to penalty charges of three times the permit fee and/or closure of your mobile food facility, in addition to other enforcement actions.

Signature of Operator

Date

Name of Business

PR Number



Contra Costa 環境衛生局 流動食品設施衛生許可證—年度許可證更新檢查表

將此檢查表提交至環境衛生局，方法是透過美國郵政郵寄，本人現場提交，或將簽名的副本附在電子郵件上傳送至 RetailFood@cchealth.org。請務必包括表 A 和表 B，並提交下面所示的其他適當表格來包括任何更新的資訊，或者，如果與環境衛生局現在存檔的檔相比，這些資訊沒有變化，請標記「無更改」。

此外，在安排檢查預約之前，您需要本人當面、致電 (925) 608-5500 或訪問 <https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx> 線上繳納年度許可證費用。

A. 所有權/申請人資訊 (表 A)

- 更新時需要此表格。表 A 與檢查表一起提交。

B. 小賣部協議 (表 B)

- 更新時需要此表格。表 B 與檢查表一起提交。

C. 經營時間表 (表 C)

- 無更改。
 有更改。包括表 C。

D. 經營資訊 (表 D)

- 無更改。
 有更改。包括表 D。

E. 衛生間協議 (表 E)

- 無更改。
 有更改。包括表 E。

F. 電氣連線協議 (表 F)

- 無更改。
 有更改。包括表 F。

G. 食品設施儲藏 (表 G)

- 無更改。
 有更改。包括表 G。

H. 計劃的不經營

- 我不打算在 2022 日曆年經營流動食品設施。

根據《加利福尼亞州健康與安全法》第 113715、114381(a) 和 114387 條以及《Contra Costa 縣條例》第 413-3.602 和 413-3.604 條規定，經營流動食品設施需要有效的衛生許可證。除了其他執法行動外，無有效健康許可證經營將面臨許可證費用三倍的罰款和/或關閉流動食品設施。

經營者簽名

日期

業務名稱

採購單編號

