



**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 and/or non-potentially hazardous foods | Food Safety Certificate Provider: _____ |
| <input type="checkbox"/> Limited Use Mobile Food Facility | Circle type of vehicle/cart:
Hot dog, coffee, shaved ice, tamales, prepackaged potentially hazardous food, ice cream truck, other _____ | Certificate No: _____ Expiration Date: _____ |
| <input type="checkbox"/> Limited Use Mobile Food Facility | Whole uncut produce, pre-packaged non-potentially hazardous foods only | Name of Food Safety Certificate Holder: _____
<small>(Required for Mobile Food Facilities that handle non-prepackaged foods)</small> |
| <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"/> Plan Check Review (For new MFF) |
| <input type="checkbox"/> Auxiliary Conveyance <input type="checkbox"/> Mobile Support Unit <input type="checkbox"/> Change of Commissary Only | | <input type="checkbox"/> Veteran / Non-Profit Exempt
<small>(Requires copy of DD-214 or proof of Non-profit status)</small> |
| | | <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address |

Permit Holder's Name (Last Name, First Name/ Corporation)		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 will report to the commissary at least once each operating day for cleaning and servicing of my MFF. I will notify Contra Costa Environmental Health (CCEH) in writing of any changes with the listed commissary.

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 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#	AR#	P/E:	XR	Received by:	Supervisor:	REHS:
Amount Due: \$			Amount Paid: \$			Date Received:	
Check #:		CASH		Credit Card: MC__ VISA__			