

Commissary Location/Assigned Area

## **County of Riverside**

## **DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

## **Department of Environmental Health**

P.O. Box 7909 Riverside, CA 92513-7909

Decal #
District #
PR#
PE#
SR#
EHG

	Riverside County/ Area	SR#			
L	Out of County/ Area		EHS		
			TE A MOBILE FOOD FA the California Health and Safe	_	
7	THIS APPLICATION IS FOR:	[ ] NEW OPERATION	[ ] ANNUAL RENEWAL	[ ] CHA	NGE OF OWNERSHII
NA	AME OF OWNER:		DBA:		
ADDRESS OF DBA:			CITY:	_ STATE:	_ ZIP:
BILLING ADDRESS:			CITY:	_ STATE:	_ ZIP:
NA	AME OF COMMISSARY:				
CC	OMMISSARY ADDRESS:		CITY:	STATE:	ZIP:
DA	ATE YOU PLAN TO OPEN: _	DID	YOU OPERATE THIS BUSINES	SS LAST YEAR	?
MC	BILE FOOD FACILITY (MFF)	PERMIT CATEGORIES:			
	1. Produce Vehicle – whole, uncu	ut produce only			\$251.00
	VEHICLE LICENSE #	YEAR:M	AKE:		
	2. Prepackaged Food Push Cart	– ice cream push cart, tamale cart	etc		\$163.00
	3. Prepackaged Food Vehicle – i	ce cream trucks, catering trucks, e	tc		\$418.00
	VEHICLE LICENSE #	YEAR:N	IAKE:		
	4. Non-Prepackaged Food Vehic	le or Mobile Support Unit - limited	open food items – hot dog, churro, sno	ow cone, pretzel, e	tc\$589.00
	VEHICLE LICENSE #	YEAR:N	AKE:		
	5. Mobile Food Preparation Unit	- food truck/trailer			\$754.00
	VEHICLE LICENSE #	YEAR:M	IAKE:		
Ple	ease submit cash, credit card or	money order payable to Rive	rside County Dept. of Environmer	ntal Health <u>with y</u>	your application.
FAC REI API	CILITY. YOU ARE <u>NOT AUTHORIZED</u> NEWED WITHIN THIRTY (30) DAYS OF PLIED FOR OR NOT RENEWED WITHI	TO OPERATE UNTIL ALL APPROVAL THE DATE OF PERMIT EXPIRATION N SIXTY (60) DAYS OF THE DATE OF IT, WITH APPROPRIATE FEES ATTA	OF THIS DEPARTMENT IS REQUIRED BE S HAVE BEEN OBTAINED. IN THE EVEN , AN ADDITIONAL PENALTY FEE OF 20% THE PERMIT EXPIRATION, AN ADDITIC CHED, TO OPERATE THE ABOVE INDICA NDABLE OR TRANSFERRABLE	T THE PERMIT IS NO SWILL BE REQUIRE SWAL PENALTY OF A STED NON-PERMAN	OT APPLIED FOR OR NOT D. IF THE PERMIT IS NOT 100% WILL BE REQUIRED.
DA	ATE: OWNE	ER/OPERATOR:	SIGNATURE		DDG LIGENGEW EVEN DATE
			MOME TELEPHONE:		ERS LICENSE#/ EXP. DATE
	MAIL ADDRESS:				
		СО	JNTY NOTES:		
_					

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org

## MFF PERMIT CHECKLIST

	ollowing information must be provided annually for mobile food facilities, as sted, before a permit will be issued:				
	Commissary agreement letter (permit category 2-5)				
	Commissary schedule (permit category 2-5)				
	Written operational procedures (permit category 4, 5)				
	Menu/listing of all foods offered from mobile food facility (permit category 4, 5)				
	Route sheet or proof of other Department approved reporting/tracking method (permit category 4, 5) Other:				
	Food Manager/Food Handler Certificates (permit category 4, 5)				
	Restroom agreement letter for any selling locations facility is at for longer than 1 hour (permit category 5)				
	Valid driver's license for all proposed drivers (permit category 1, 3, 4, 5)				
	NAME DRIVER'S LICENSE # EXP. DATE				
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	Vehicle registration (permit category 1, 3, 4, 5)				
	Business liability insurance naming Riverside County as an "additional insured" (permit category 5)				
	Fresh water tank testing (all units with water tanks) – bacteriological results from an accredited laboratory indicating no presence of coliform or <i>E.coli</i> bacteria				
	Viable plan submitted for waste grease and/or trash disposal (permit category 4, 5)				
l,	, certify by initialing below that I shall comply with the following items:				
	Mobile food facility is stored at the approved commissary daily (permit category 2-5)				
	Water for food facility is solely from a potable water source at my designated approved commissary (all units with water tanks)				
	Conspicuous trash receptacle provided within 20 feet of the mobile food facility when in operation (permit category 4, 5)				