



COMPACT MOBILE FOOD OPERATION (CMFO) PLAN REVIEW APPLICATION

This document provides information based on the California Retail Food Code (CRFC) for Compact Mobile Food operations. "Compact Mobile Food Operation (CMFO)" means a mobile food facility that operates from an individual or from a pushcart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized conveyance.

Initial each box on the following checklist indicating that the item is completed on the plans or installed on the CMFO. Complete this packet and call 661-862-8740 to schedule a review of the completed packet and an inspection of the CMFO. For further assistance, please contact Kern County Environmental Health at ehmobiles@kerncounty.com or at 661-862-8740.

CMFO APPLICATION CHECKLIST

Required Documents

- 1. Photo ID/ Driver's License
- 2. Seller's Permit
- 3. Fictitious Business License
- 4. Food Safety Handler's Certification
- 5. Bakersfield City Parks permit (if operating within a city park)
- 6. Transient Outdoor Business permit (if operating within City of Bakersfield)
- 7. California State License to sell semi-frozen milk product (if applicable)

CMFO Plan Review Documents

- 1. 1 Set of Plans
- 2. Sink & Plumbing Requirements
- 3. Finish Materials (if applicable)
- 4. Gas & Power Plan (if applicable)
- 5. Equipment List (if applicable)
- 6. Standard Operational Procedures
- 7. Acknowledgment & Signature

CMFO Application Documents

- 1. EH Application Form
- 2. Commissary Letter of Agreement
- 3. CMFO Route & Itinerary
- 4. Restroom Authorization*
- 5. CMFO Menu

*If there are two or more employees for the compact mobile food operation, restroom authorization is not required.

OFFICE USE ONLY

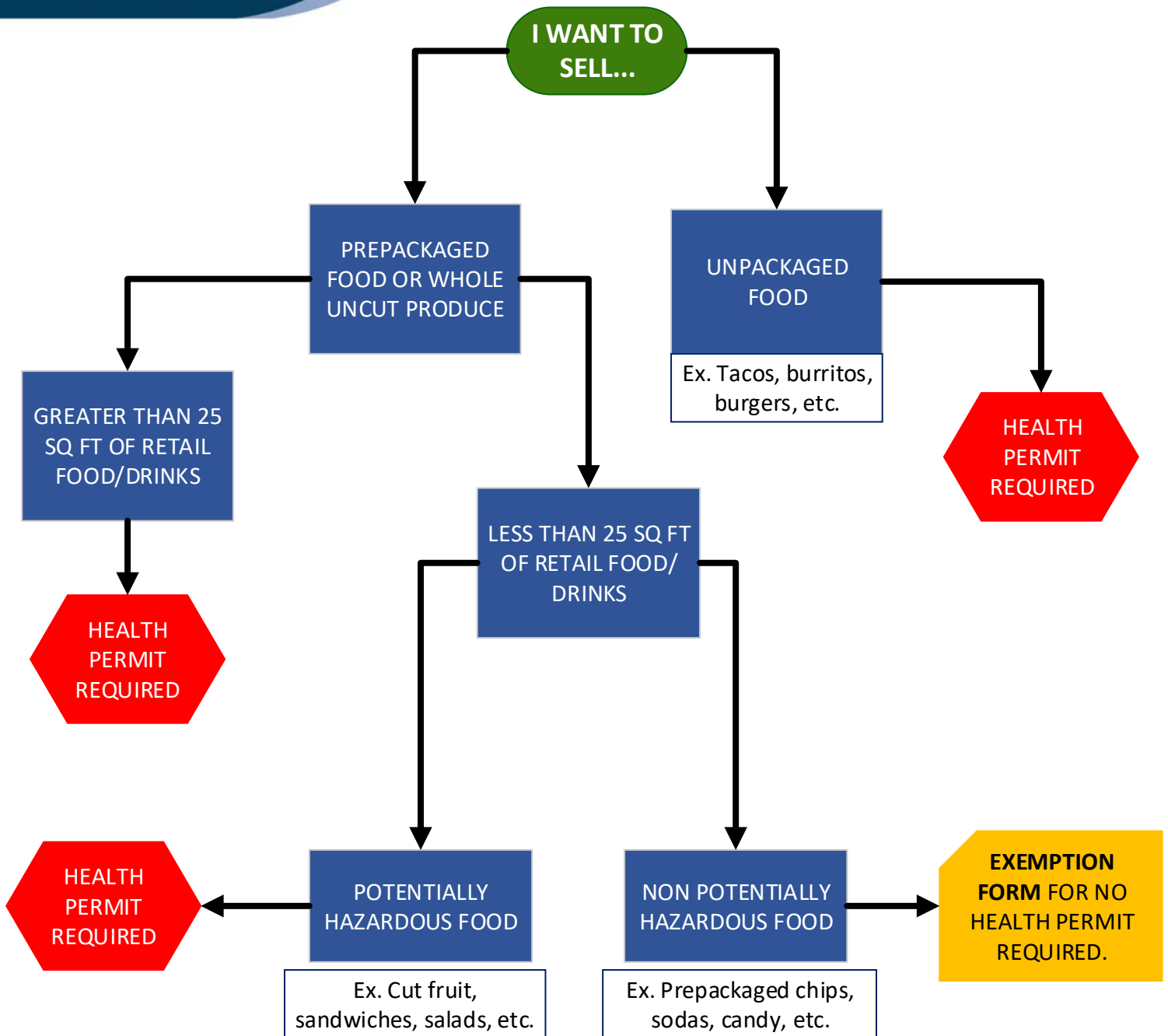
REVIEWED BY:
 PRINT NAME

DATE

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DO I NEED A HEALTH PERMIT FOR MY COMPACT MOBILE FOOD OPERATIONS?



PLEASE CONTACT KERN COUNTY ENVIRONMENTAL HEALTH FOR APPLICATIONS, EXEMPTION FORMS, AND ANY FURTHER REQUIREMENTS OR QUESTIONS.

P: (661) 862-8740

F: (661) 862-8701

E: EHMOBILES@KERNCOUNTY.COM

CMFO REQUIREMENTS

REQUIREMENTS	Less than 25 sq/ft of prepackaged non-potentially hazardous food/drinks or whole produce	Greater than 25 sq/ft of prepackaged non-potentially hazardous food/drinks or whole produce	Prepackaged potentially hazardous food	Unpackaged, Potentially Hazardous Foods
Health Permit	No ¹	Yes	Yes	Yes
Plan Check	No	Yes	Yes	Yes
Hand sink	No	No	No	Yes
Warewash sink	No	No	No	Yes ²
Water heater	No	No	No	Yes
Mechanical refrigeration	No	No	Yes	Yes
CFO allowed as commissary ³	N/A	Yes (either)	Yes, depending on menu	No
Commissary required				Yes

¹ If no plan check/health permit is required, please check with your local jurisdiction to determine if other permits are required.

² Yes, if handling raw meats, raw poultry, or raw fish. No, if not handling raw meats, raw poultry, or raw fish.

³ Cottage Food Operation only permitted to be used as commissary for prepackaged – non-potentially hazardous food.

DEFINITIONS:

“Commissary” means a health permitted food facility that services mobile food facilities.

“Cottage Food Operation (CFO)” means a registered or permitted area of a private home where the CFO operator resides and where cottage food products are prepared or packaged for direct or indirect sales.

“Non-Potentially Hazardous Food (NON-PHF)” means a food that does not require time or temperature control. Examples include prepackaged chips, sodas, pretzels, cookies, popsicles.

“Potentially Hazardous Food (PHF)” means a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation. Examples include tamales, sliced melons, burritos, ice cream sandwiches.

CMFO PLAN SUBMITTAL:

This packet can be used to draw your proposed CMFO operation and submit to Kern County Environmental Health Division for review and approval. You may draw your own plans using this document as guidance, but all items listed in this document must be represented in your submitted plans. Plans must be reviewed and approved prior to the issuance of a health permit. Operators are required to have all plans approved prior to the construction of the CMFO to prevent any additional costs that would be incurred if modifications are needed should changes be noted on the plans. All items provided on the following pages are required unless otherwise noted. Submit 1 set of complete and easily readable plans that are drawn to scale. Drawings must show left, right, front sides and the top view of the CMFO and a complete plumbing diagram. See the Application Check List for the required information that must be submitted (page 1). Each piece of equipment and the location must be designated on the CMFO diagram.



SINK AND PLUMBING REQUIREMENTS

CMFO **NOT** handling raw meats, raw poultry, raw fish or assembling unpackaged foods

CMFO handling raw meats, raw poultry, raw fish, or assembling unpackaged foods

CHECK HANDWASHING SINK CHECK

Minimum dimensions: 9" wide X 9" long X 5" deep. Warm water not required	Minimum dimensions: 9" wide X 9" long X 5" deep. Warm water required
--	--

WAREWASHING SINK

<p>Ware washing Sink IS NOT REQUIRED if spare clear utensils are provided</p> <p><i>NOTE:</i> All utensils/equipment must be washed and sanitized on a daily basis at the commissary and the CMFO must be equipped with an adequate supply of spare preparation and serving utensils when in use.</p>	<p>An integral 3-compartment ware washing sink must be provide that meets the following requirements:</p> <p>Each sink compartment must have minimum dimensions: 12" wide X 12" long X 10" deep OR 10" wide X 14" long X 10" deep.</p> <p>The ware washing sink must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments.</p>
---	--

POTABLE WATER TANKS

Minimum 5 gallons for handwashing	Minimum 20 gallons required: 5 gallons for handwashing and 15 gallons for ware washing. Additional capacity is needed if product water is needed. All potable water tanks shall be manufactured and listed to NSF standards for potable water.
-----------------------------------	--

WATER HEATER

NOT REQUIRED	<p>Handwashing sink - a water heater with minimum 0.5-gallon capacity or an instantaneous heater is required and must be capable of supplying a minimum of 100°F running water. Ware washing sink - a minimum 4-gallon capacity water heater is required and must be capable of supplying a minimum of 120°F running water.</p> <p><i>NOTE:</i> Steam table reservoirs cannot be used as a water heater.</p>
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WASTEWATER TANKS

Minimum capacity is 150% greater than the total capacity of provided potable water tanks. Where an ice bin is provided for storage, display or service of food/beverage, an additional holding tank capacity equal to one-third the volume of the bin must be provided. Multiple removeable tanks may be used.	
--	--

PLUMBING LINES

Potable water lines must be listed to NSF 61 for potable water. Waste lines cannot be the same color as the hoses for potable water. Typical potable water line colors are clear, white, or blue. Typical wastewater lines are black or grey.	
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WATER PUMP

Pump for potable water supply must be listed to NSF standards. No pump will be approved for drainage. All liquid waste drainage must be done by gravity.	
--	--



COMPACT MOBILE FOOD OPERATION PLAN

If you are a non-potentially hazardous, prepackaged food cart, please skip this page.

FINISH MATERIALS

*RAW WOOD NOT PERMITTED TO BE USED AS CMFO MATERIAL

LOCATION/EQUIPMENT	MATERIAL
Exterior of CMFO	
Interior of CMFO	
Food Storage Area	
Food Prep Compartment	
Other:	

POWER/GAS PLAN

Please illustrate the following items on the diagram on PAGE 8. Select all applicable options and fill in the blanks for each one.

- Location of first aid kit.
- Identification on the customer side of the CMFO. Identification must include the following:
 - Business name (min. 3-inch high lettering)
 - Name of Permitholder (if different from the business name)
 - City, State and Zip Code of permittee address or commissary address (min. 1-inch-high lettering)
- Location of battery (if applicable)
 - DC Battery Quantity & requires inverter.
 - AC Battery Quantity
- Location of steam table and propane/gas tank (if applicable)
 - Propane Tank Pounds & Quantity
- Location of fire extinguisher (if applicable)

DEFINITIONS:

“Limited Food Preparation” is limited to:

- Heating, frying, baking, roasting, popping, shaving of ice, blending steaming, or boiling of hot dogs, or assembly of non-prepackaged food.
- Dispensing and portioning of non-potentially hazardous food or dispensing and portioning for immediate service to a customer of food that has been held at the required temperatures.
- Slicing and chopping of non-potentially hazardous food or produce that has been washed at an approved facility.
- Slicing and chopping of food on a heated cooking surface during the cooking process
- Juicing or preparing beverages that are for immediate service, in response to an individual consumer order, that do not contain frozen milk products. Hot and cold holding of food that has been prepared at an approved permanent food facility.
- Reheating of food that has been prepared at an approved permanent food facility.



CMFO EQUIPMENT LIST

- Certified Equipment: All equipment must be certified for sanitation (e.g., NSF, ETL, CSA, UL, NEMKO, etc.).
- Mechanical Refrigeration: Required if handling potentially hazardous foods, capable of holding foods at or below 41°F
- Hot-holding Unit: Required if hot holding potentially hazardous foods, capable at hot holding at or above 135°F.
- “Food Compartment” means an enclosed space, including, but not limited to, an air pot, blender, bulk dispensing system, covered chafing dish, and covered ice bin, with all of the following characteristics:
 - The space is defined by a physical barrier from the outside environment that completely encloses all food, food-contact surfaces, and the handling of non-prepackaged food.
 - All access openings are equipped with tight-fitting closures, or one or more alternative barriers, that effectively protect the food from contamination, facilitate safe food handling, while minimizing exposure to the environment.
 - It is constructed from materials that are nontoxic, smooth, easily cleanable, and durable and is constructed to facilitate the cleaning of the interior and exterior of the compartment.
- Food Compartment
 - Food equipment must be constructed from materials that are nontoxic, smooth, easily cleanable, and durable and constructed to facilitate the cleaning of the interior and exterior of the compartment.
 - Food equipment must be heat resistant and built in a manner that does not contaminate food during normal use.
- Mechanical Exhaust
 - Mechanical exhaust ventilation is required to remove steam, grease, and odors.
 - Mechanical exhaust ventilation is not required for unenclosed CMFOs.
- Department of Housing & Community Development (HCD) Certification
 - Occupiable CMFOs must be certified by HCD.

FOOD SERVICE EQUIPMENT LIST

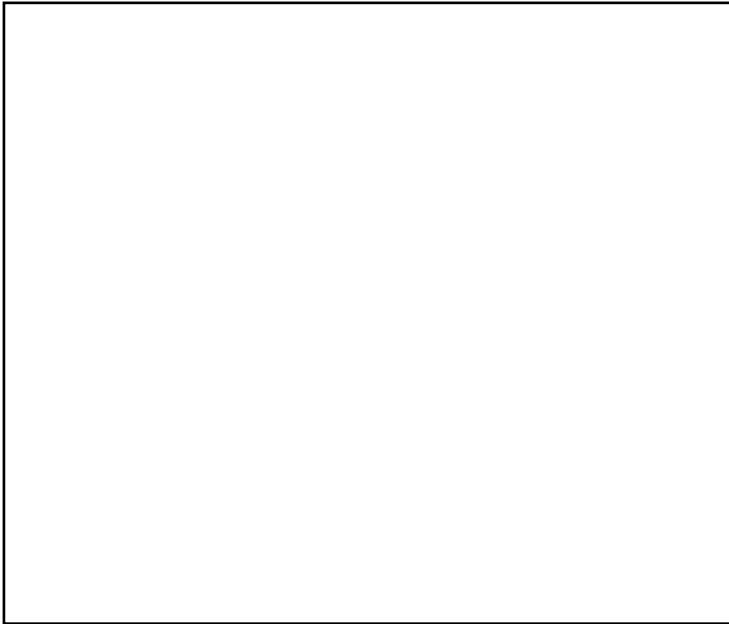
Please attach specification sheets. Please indicate on PAGE 8 the location of all equipment.

EQUIPMENT	MANUFACTURER	MODEL

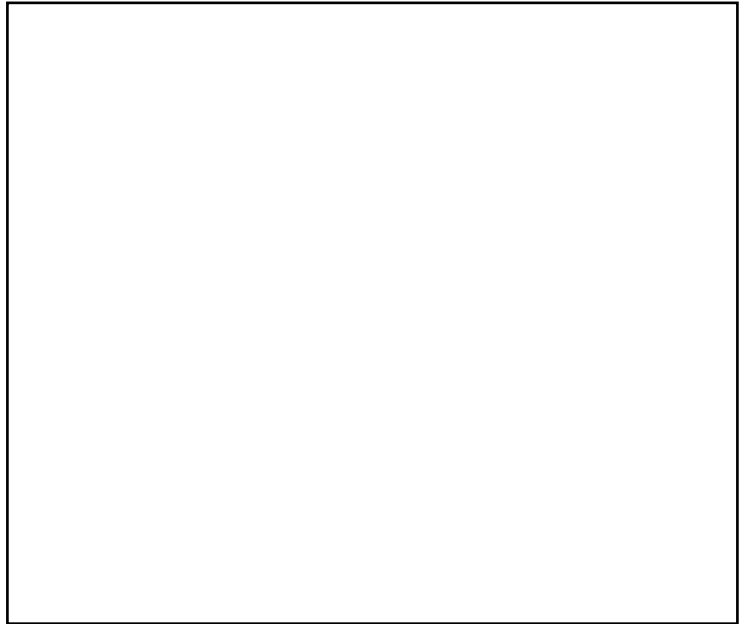


CMFO PLAN SKETCH

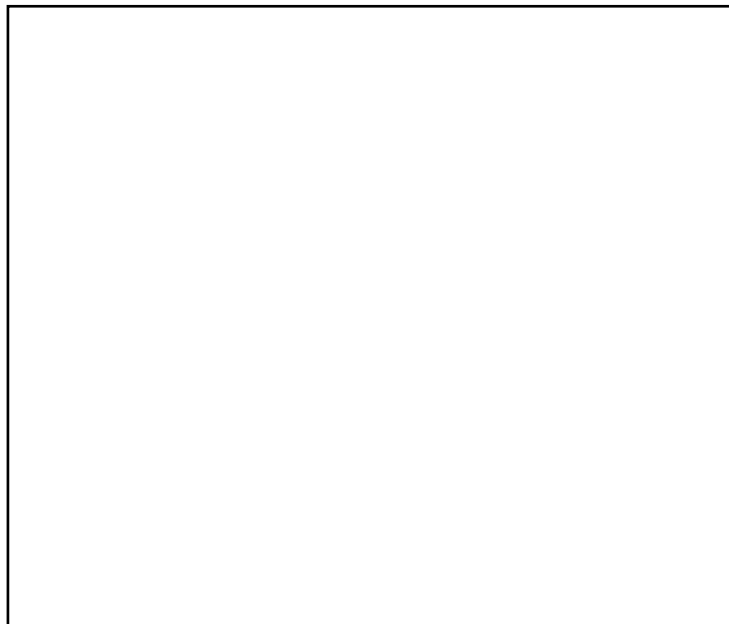
LEFT SIDE



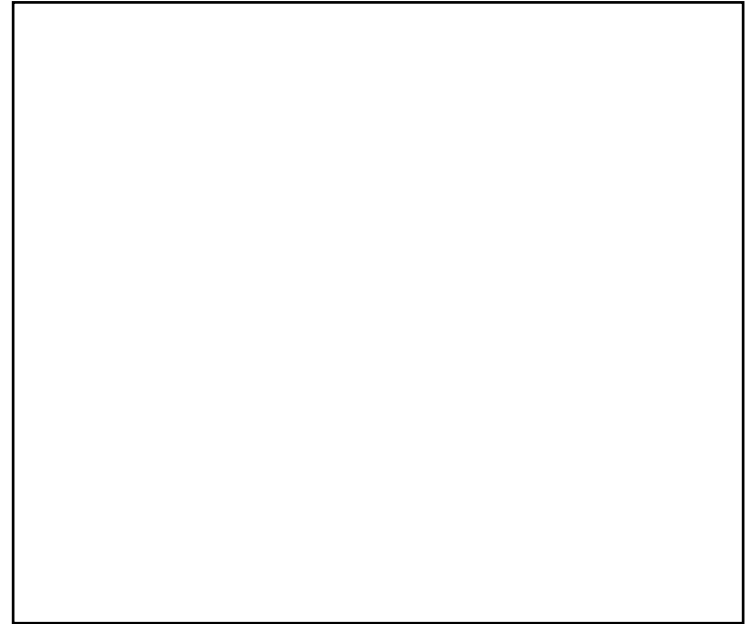
RIGHT SIDE



FRONT SIDE



TOP SIDE





STANDARD OPERATIONAL PROCEDURES FOR PREPACKAGED COMPACT MOBILE FOOD OPERATIONS

1. Indicate the location where you will store food at the end of the day. Potentially Hazardous Foods **must** be stored at permitted commissary kitchen. Food Stored at:

2. Indicate the location where you will store the Compact Mobile Food Operation (CMFO) unit at the end of the day. CMFO Stored at:

3. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment, and utensils during working hours and at the commissary.

I will be using single-use utensils only.

	During working hours	At the Commissary
Clean		
Sanitize		

4. Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
- Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.

5. Indicate location for disposal of trash and refuse:

Address

I hereby agree and confirm that the storage location of the CMFO is meeting the conditions listed above. I understand that I am subject to administrative or legal action if the storage location does not meet the requirements.

Signature: _____ Print: _____ Date: _____





ACKNOWLEDGMENT AND SIGNATURE

I certify that my operation on this CMFO does not and will not include any of the following: thawing, cooling of cooked potentially hazardous foods (PHF), grinding raw ingredients or PHF, reheating PHF for hot holding (except steamed or boiled hot dogs, and tamales in the original inedible wrapper), hot holding non-prepackaged PHF (except steamed or boiled hot dogs, and tamales in the original inedible wrapper or food prepared at an approved permanent food facility), washing of foods, cooking PHF for later use, and any operation requiring licensing through the California Department of Food and Agriculture, Milk and Dairy Branch. **Health & Safety Code, Section 113818**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a fee will be charged. I am aware that plan check fees are non-refundable once plans are reviewed. Plans are valid for one year after stamp of approval and must be restamped within 20 days of expiration or they will be purged.

Authorized Signature: _____ Date: _____

Print: _____

OFFICE USE ONLY			
SCHEDULING INFORMATION		APPROVAL STAMP	
Plans are approved by the Kern County Environmental Health Division and contingent on the final inspection. Contact your plan check specialist or the scheduling line at (661) 862-8740 at least 5 working days in advance to schedule an inspection at the office. Our office is located at 2700 M Street, Suite 300, Bakersfield, CA 93301 Hours: 8:00AM – 5:00PM			
INSPECTION DATE	INSPECTION TIME		

ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department
2700 "M" Street, Suite 300, Bakersfield, CA 93301

661-862-8740
661-862-8701(fax)

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change Date: _____	<input type="checkbox"/> Information Change Date: _____
---------------------------------------	--	--

Type of Ownership: Sole Proprietor Partnership Corporation Other: _____

Check all that apply:	<input type="checkbox"/> Food Facility	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Hotel/Motel: Total Number of Rooms _____
	<input type="checkbox"/> Mobile Food Facility	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Commissary
	<input type="checkbox"/> Temporary Food Facility	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Water System-Food Facility
	<input type="checkbox"/> Community Event Sponsor	<input type="checkbox"/> Compact Mobile Food	<input type="checkbox"/> Tobacco Retailer: BOE# _____

OWNER INFORMATION

Owner Name:					
Owner Address:					
City:		State:		Zip:	
Home Phone:	()	Business Phone:	()	Fax:	
Partner(s)/Corp Name:					
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	

FACILITY/BUSINESS INFORMATION

Facility Name (DBA):					
Address:					
City:		State:		Zip:	
Phone:	()	Alternate phone:	()	Fax:	()
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
Water Provider					

BILLING INFORMATION

Mailing Address for invoice to renew annual permit: Business Mailing Address Owner Address Other

If you checked other, what is the address? _____

Care of: _____

Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

_____ Signature of Applicant	_____ Print Name	_____ Date
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PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.

TOBACCO RETAIL TRAINING	FOR OFFICIAL USE ONLY			
	Program ID	PE	Date Mailed	Facility ID
	Previous Owner ID	New Owner ID	Map #	Service Request #
	Total Fees Paid	Received By	Date Paid	Accounting ID



COMMISSARY LETTER OF AGREEMENT

THIS LETTER MUST BE RENEWED ANNUALLY

Sections 114295, 114339, and 114341 of the California Retail Food Code require that all Mobile Food Facilities and Annual Temporary Food Facilities operate in conjunction with a commissary, mobile support unit or other facility approved by the local regulatory agency.

THIS SECTION TO BE COMPLETED BY THE CMFO OWNER

Facility Name: _____ Permit FA ID: _____

Facility Mailing Address: _____ City: _____ Zip: _____

Permit Owner Name: _____ Phone: _____

Fax: _____ E-Mail: _____

THIS SECTION TO BE COMPLETED BY THE COMMISSARY OWNER

The above food facility has my permission to use my health regulated business (listed below) FOR THE PURPOSES OF ESTABLISHING A COMMISSARY FOR THEIR MOBILE FOOD, CATERING OR FOOD PROCESSING BUSINESS. This permission includes the use of the premises for the following: *(Check all that apply)*

- Food Preparation
- Food Storage
- Vehicle/Cart Washing Area
- Vehicle/Cart Storage Area
- Trash Disposal
- Other _____

Commissary

Facility Name: _____ FA ID: _____

Address: _____ City: _____ Zip: _____

Permit Owner Name: _____ Signature: _____

Phone: _____ E-mail address: _____

Date: _____

OFFICE USE ONLY

VERIFICATION OF COMMISSARY

OTHER AGENCY – COPY OF HEALTH PERMIT			INSPECTOR VERIFICATION	DATE
YES	NO	N/A		



CMFO ROUTE & ITINERARY

Name of CMFO: _____ Date: _____

Commissary Name: _____ FA: _____ PR: _____

The address indicated **below in (1.)** is a fixed location for my CMFO, and it will **not** be on a route.

Location/Address, w/City and Zip Code:	Days of Operation							Start Time:	End Time:
	SU	M	T	W	TH	F	SA		
1. _____								_____ AM	_____ AM
2. _____								_____ PM	_____ PM
3. _____								_____ AM	_____ AM
4. _____								_____ PM	_____ PM
5. _____								_____ AM	_____ AM
6. _____								_____ PM	_____ PM
7. _____								_____ AM	_____ AM
8. _____								_____ PM	_____ PM
9. _____								_____ AM	_____ AM
10. _____								_____ PM	_____ PM

Revised route information may be provided by fax: 661-862-8701, email: ehmobiles@kerncounty.com, or U.S. mail to:

Kern County Environmental Health
2700 M Street, Suite 300, Bakersfield, CA 93301

I understand and agree that if I make any changes to my route or business location, I must notify Kern County Environmental Health **IMMEDIATELY**. I further understand that failure to notify Kern County Environmental Health of any changes may result in the suspension or revocation of my Environmental Health Permit to operate as a Mobile Food Facility.

Signature _____ Date: _____

Print: _____ Phone: _____

Email: _____

OFFICE USE ONLY	
Received/Reviewed By: _____	Date: _____



AUTHORIZATION FOR USE OF RESTROOM FACILITIES

Mobile food facilities shall be operated within 200 feet travel distance of an approved and readily available toilet and hand washing facility to ensure that restroom facilities are available to facility employees whenever the mobile food facility is stopped to conduct business for more than a one-hour period (Section 114315(a)).

***If there are two or more employees for the Compact Mobile Food Operation, restroom authorization is not required.**

TO BE COMPLETED BY CMFO OWNER

CMFO NAME	CMFO FACILITY ADDRESS
OWNER NAME	OWNER ADDRESS
OWNER PHONE NUMBER	BUSINESS PHONE NUMBER
OWNER EMAIL	
HOURS OF OPERATION	DAYS OF OPERATION

I, _____, owner of the mobile food facility business, declare under penalty of perjury the following: this restroom facility is available for use by myself and my employees. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be so at all times. I further agree to notify Kern County Environmental Health immediately if this agreement is terminated for any reason. I certify that this restroom facility is within a travel distance of _____ feet from my compact mobile food operation.

TO BE COMPLETED BY RESTROOM FACILITY OWNER

BUSINESS NAME	FACILITY ID (IF APPLICABLE)	
RESTROOM ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL	
SIGNEE NAME	SIGNEE ROLE IN BUSINESS	

I, _____, manager/owner of the restroom facility located at the address listed above, certify under penalty of perjury the following: I have granted full permission to the above-mentioned mobile food facility owner and employees to use my restroom facility during the mobile food facility hours of operation. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be maintained in this condition at all times I agree to notify Kern County Environmental Health if this agreement is terminated for any reason.

Signature of Restroom Facility Owner Print Name Date

Signature of CMFO Owner Print Name Date





CMFO MENU (MENÚ PARA CMFO)

CMFO NAME (NOMBRE DE INSTALACIÓN):

CMFO ADDRESS (DIRECCIÓN DE INSTALACIÓN):

ASSEMBLED ITEMS (ARTÍCULOS ENSAMBLADOS):

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> BURRITOS | <input type="checkbox"/> PIZZA | <input type="checkbox"/> SANDWICHES (SÁNDWICHES) |
| <input type="checkbox"/> TACOS | <input type="checkbox"/> TAMALES | |
| <input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR): | | |

MEAT, FISH AND POULTRY (CHECK ALL THAT APPLY) CARNE, PESCADO Y CARNE DE AVE (MARQUE TODOS LOS QUE APLICAN):

- | | | |
|---|--|---|
| <input type="checkbox"/> AL PASTOR | <input type="checkbox"/> BACON (TOCINO) | <input type="checkbox"/> BEEF (CARNE DE RES) |
| <input type="checkbox"/> CHICKEN (POLLO) | <input type="checkbox"/> CHORIZO | <input type="checkbox"/> FISH (PESCADO) |
| <input type="checkbox"/> GOAT (CHIVO) | <input type="checkbox"/> GROUND BEEF (CARNE DE RES MOLIDA) | <input type="checkbox"/> HAM (JAMÓN) |
| <input type="checkbox"/> HOTDOGS | <input type="checkbox"/> LAMB (CORDERO) | <input type="checkbox"/> LUNCH MEATS (CARNES FRÍAS) |
| <input type="checkbox"/> POLISH DOGS (HOT DOGS POLACOS) | <input type="checkbox"/> PORK (PUERCO) | <input type="checkbox"/> SAUSAGE (SALCHICHA) |
| <input type="checkbox"/> SHELLFISH (MARISCOS) | <input type="checkbox"/> SHRIMP (CAMARÓN) | <input type="checkbox"/> TURKEY (PAVO) |
| <input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR): | | |

SIDE DISHES (CHECK ALL THAT APPLY) ACOMPAÑAMIENTOS (MARQUE TODOS LOS QUE APLICAN):

- | | | |
|---|---|--|
| <input type="checkbox"/> BAKED BEANS (FRIJOLES ENLATADOS) | <input type="checkbox"/> BOILED BEANS (FRIJOLES DE LA OLLA) | <input type="checkbox"/> CHILI (CHILE CON/SIN CARNE) |
| <input type="checkbox"/> CORN (ELOTE) | <input type="checkbox"/> EGGS (HUEVOS) | <input type="checkbox"/> FRENCH FRIES (PAPAS FRITAS) |
| <input type="checkbox"/> PASTA | <input type="checkbox"/> REFRIED BEANS (FRIJOLES REFRITOS) | <input type="checkbox"/> RICE (ARROZ) |
| <input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR): | | |

SALADS (CHECK ALL THAT APPLY) ENSALADAS (MARQUE TODOS LOS QUE APLICAN):

- | | | |
|---|--|--|
| <input type="checkbox"/> CEVICHE | <input type="checkbox"/> CHICKEN SALAD (ENSALADA DE POLLO) | <input type="checkbox"/> EGG SALAD (ENSALADA DE HUEVO) |
| <input type="checkbox"/> FRUIT SALAD (ENSALADA DE FRUTA) | <input type="checkbox"/> GREEN SALAD (ENSALADA VERDE) | <input type="checkbox"/> PASTA SALAD (ENSALADA DE PASTA) |
| <input type="checkbox"/> POTATO SALAD (ENSALADA DE PAPA) | <input type="checkbox"/> TUNA SALAD (ENSALADA DE ATÚN) | |
| <input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR): | | |

SOUPS (PLEASE LIST) SOPAS (LISTAR POR FAVOR):

PRODUCE (CHECK ALL THAT APPLY) PRODUCTOS (MARQUE TODOS LOS QUE APLICAN):

- | | | |
|---|---|--|
| <input type="checkbox"/> CABBAGE (REPOLLO) | <input type="checkbox"/> CILANTRO | <input type="checkbox"/> CUCUMBER (PEPINO) |
| <input type="checkbox"/> JALAPENO PEPPER (CHILE JALAPEÑO) | <input type="checkbox"/> LEMON/LIMES (LIMÓN/LIMA) | <input type="checkbox"/> LETTUCE (LECHUGA) |
| <input type="checkbox"/> ONION (CEBOLLA) | <input type="checkbox"/> RADISH (RÁBANO) | <input type="checkbox"/> TOMATO (TOMATE) |

CUT FRUIT (PLEASE LIST) FRUTA PICADA (LISTAR POR FAVOR):

CMFO MENU

(MENÚ PARA CMFO)

CMFO NAME (NOMBRE DE INSTALACIÓN):		CMFO ADDRESS (DIRECCIÓN DE INSTALACIÓN):	
HOT ITEMS (CHECK ALL THAT APPLY) ARTÍCULOS CALIENTES (MARQUE TODOS LOS QUE APLICAN):			
<input type="checkbox"/> CORN (ELOTE)	<input type="checkbox"/> HOT DOGS	<input type="checkbox"/> POLISH DOGS (HOT DOGS POLACOS)	
<input type="checkbox"/> TAMALES			
<input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR):			
CONDIMENTS (CHECK ALL THAT APPLY) CONDIMENTOS (MARQUE TODOS LOS QUE APLICAN):			
<input type="checkbox"/> CHEESE (QUESO)	<input type="checkbox"/> JALAPENOS	<input type="checkbox"/> KETCHUP (CATSUP)	
<input type="checkbox"/> MAYONNAISE (MAYONESA)	<input type="checkbox"/> MUSTARD (MOSTAZA)	<input type="checkbox"/> ONION (CEBOLLA)	
<input type="checkbox"/> RELISH (PEPINILLO)	<input type="checkbox"/> SALSA		
<input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR):			
PREPACKAGED FOODS (CHECK ALL THAT APPLY) ALIMENTOS PRE-ENPAQUETADOS (MARQUE TODOS LOS QUE APLICAN):			
<input type="checkbox"/> CANDY (DULCES)	<input type="checkbox"/> CHIPS (PAPITAS FRITAS)	<input type="checkbox"/> CHURROS	
<input type="checkbox"/> COOKIES (GALLETAS)	<input type="checkbox"/> POPCORN (PALOMITAS)		
<input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR):			
PREPACKAGED DRINKS (CHECK ALL THAT APPLY) BEBIDAS PRE-ENPAQUETADAS (MARQUE TODOS LOS QUE APLICAN):			
<input type="checkbox"/> BOTTLED WATER (AGUA EMBOTELLADA)	<input type="checkbox"/> CANNED SODA (SODA ENLATADA)		
<input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR):			
DRINKS PERMITTED FOR COFFEE CARTS ONLY (CHECK ALL THAT APPLY) BEBIDAS PERMITIDAS PARA CARRETAS DE CAFÉ SOLAMENTE (MARQUE TODOS LOS QUE APLICAN):			
<input type="checkbox"/> COFFEE (CAFÉ)	<input type="checkbox"/> HOT CHOCOLATE (CHOCOLATE CALIENTE)	<input type="checkbox"/> TEA (TÉ)	
<input type="checkbox"/> OTHER (PLEASE LIST) OTRO (LISTAR POR FAVOR):			
OTHER FOOD ITEMS (PLEASE LIST) OTROS PRODUCTOS ALIMENTICIOS (LISTAR POR FAVOR):			