



MOBILE FOOD ITINERARY AND OPERATING SCHEDULE

IMPORTANT: We must be able to contact you to inspect your vehicle. Please contact this Department if any of the information below should change. Failure to provide accurate information may result in permit suspension.

Name of Mobile Food Business:	
Vehicle License Plate Number:	
Mobile Food Vehicle Contact Cell Phone Number:	

Check one of the following boxes:

NOTE: You must obtain the proper business license for **each** location and adhere to the appropriate City and/or County ordinances. Failure to do so may result in fines/penalties not regulated by this department.

<input type="checkbox"/>	<p>I plan to operate in one location.</p> <p>The address where I will operate is: _____</p> <p>Complete information (days/times of operation) on next page</p>
<input type="checkbox"/>	<p>I plan to operate at many locations or on a route.</p> <p>Complete information (days/times of operation) on next page</p>

I, the owner/permittee of the Mobile Food Facility noted above, agree to adhere to the following itinerary. I will contact Kern County Public Health Services Department, Environmental Health Division if my itinerary should change. I understand that if I am found to be operating in a location not approved by this department, my Environmental Health Permit will be revoked and I must stop operating until I submit an approved itinerary with corresponding restroom authorization(s).

Signature of Mobile Food Facility Owner/Permittee

Print Name

Date

Grounded in Health

