



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.

Nam	e 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.						
	I plan to operate in one location.					
	The address where I will operate is:					
	Complete information (days/times of operation) on next page				
	I plan to operate at many locations or on a route					
	Complete information (days/times of operation) on next page				
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

List all days, times, and locations of operation

(Attach additional pages if necessary. See example.)

If locations(s) of operation change, you must inform our office by calling (661) 862-8740.

Date	Time		Location (Street address and City)	
Tuesday and	Start: 9:00	(AM)/PM		
Thursday	Stop: 10:00	AM/PM	2700 M Street, Bakersfield	
Wednesday	Start: 11:00	(AM)/PM		
And Friday	Stop: 3:00	AM(PM)	1234 Somewhere Else Street, Bakersfield	
	Start:	AM/PM		
	Stop:	AM/PM		
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