Ice Cream Push Cart

To obtain a permit to operate an Ice Cream Push Cart, you must have a vehicle that is inspected and permitted by the Kern County Environmental Health Division.



Items which may be sold from an Ice Cream Push Cart include: Prepackaged ice cream, prepackaged snack foods, prepackaged candy, prepackaged soft drinks, and bottled water.













Kern County Public Health Services Department Environmental Health Division



2700 M Street, Suite 300 Bakersfield, CA 93301 Phone (661) 862-8740 FAX (661) 862-8701







To obtain a health permit to operate an Ice Cream Push Cart, you must meet the requirements listed below:

1. Facility/business name, city, state, ZIP code, and permittee name (if different than the name of the facility/business) must be clearly visible on the Push Cart. The color of the letters must contrast with the color of the Push Cart. The facility/business information must be displayed as follows:

Facility/Business Name (written at least 3 inches high)
City, State, Zip Code (written at least 1 inch high)
Permittee Name, if applicable (written at least 1 inch high)

P

To obtain your permit, bring the Push Cart and the following to Kern County Environmental Health:

1. Completed Application



2. Complete List of Food Items to be sold



- 3. Completed Commissary Authorization
 - The Push Cart must use an approved commissary. The Push Cart must go to the commissary at least once a day to get food, to be cleaned, and to store ice cream and other prepackaged food items.



 The owner of the commissary must sign the commissary form on the correct signature line and initial the boxes indicating which services are provided. Incomplete commissary forms will NOT be accepted.



- **NOTE**: Any facility acting as a commissary for a mobile vehicle must have a commissary permit with our department. Contact our office to verify whether your commissary has an approved commissary permit.
- If your commissary is located outside of Kern County, an Out-of-County Commissary Form is required. Commissaries located outside of Kern County must be within one hour driving distance of planned operation.
- 4. Photo ID of applicant and/or DMV Registration of unit.

ALL FORMS MUST HAVE ORIGINAL OWNER SIGNATURE OR YOUR PERMIT WILL BE DENIED.

PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED



The Operator of the Ice Cream Push Cart must adhere to the following requirements:

- 1. Only prepackaged ice cream, prepackaged snack foods, prepackaged candy, prepackaged soft drinks, and bottled water may be sold. **FOOD PREPARATION OF ANY KIND, INCLUDING CUT FRUIT, IS PROHIBITED!**
- 2. All food must be from an approved source. No food products may be stored at your home or other unapproved location.
- 3. All equipment, cabinets, and compartments must be smooth, readily accessible, and easily cleanable.
- 4. Equipment must be constructed of non-toxic materials. Wood is not allowed.
- 5. Food and the food storage area must be protected from contamination.
- 6. The Push Cart must be cleaned and sanitized daily.
- 7. Only food may be sold from the Push Cart. The sale of cigarettes, toys, and fireworks is **PROHIBITED!**
- 8. The Push Cart may only operate from 9:00 a.m. to sunset.
- 9. The Push Cart may not operate Monday through Friday within 150 feet of any county school.
- 10. The Push Cart may not operate (in the City of Bakersfield) within 300 feet of any public facility, park*, school, or playground.
- 11. The Push Cart may not remain stopped for longer than 10 minutes.



Required Fees

- The Push Cart must be inspected and the health permit application approved prior to the selling of food. Permittees are required to pay an application fee and a health permit fee at the time of inspection.
 - Application fee for new business $\rightarrow \rightarrow$ \$135.00
 - o Prepackaged ice cream $\rightarrow \rightarrow$ \$155.00
- Health permits are valid from July 1st through June 30th every year. A full permit fee is required for permits obtained between July 1st and December 31st. A prorated permit fee is granted for permits obtained between January 1st and June 30th. A permit renewal packet will be mailed to the Operator prior to June 30th and must be renewed prior to July 31st to avoid a 50% penalty.



Additional Permits/Licenses

In addition to obtaining an Environmental Health Permit, the Push Cart Operator may need to obtain one or more of the following:

- A city and/or county business license
- *A Bakersfield City Parks Permit, if the Push Cart will operate within a city park

It is the responsibility of the Operator to ensure that operation of the Push Cart is in compliance with additional city, county, and/or state ordinances and/or regulations. Check with the appropriate city in which the Push Cart will operate.

SEE ATTACHED LIST FOR AGENCY CONTACT INFORMATION BELOW

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)

☐ New Business ☐ ☐ Owl			rship Change Date:		☐ Information Change Date:			
	Type of Owners	ship: Sole Proprie	etor Partnership	☐ Corporation	on 🗆 Oth	ner:		
•	Check all that apply:	□ Food Facility□ Mobile Food Facility□ Temporary Food Fa□ Community Event S	cility	Pool	□ Commis□ Water S			
			OWNER INF	ORMATION				
	Owner Name:							
	Owner Address:							
	City:			State:		Zip:		
	Home Phone:	()	Business Phone:	()		Fax:		
	Partner(s)/Corp					•		
	Care Of:			E-Mail Add	lress:			
	Mailing Address:							
	City:			State:		Zip:		
			FACILITY/BUSINE	SS INFORM	ATION			
	Facility Name (DBA):							
	Address:							
	City:			State:		Zip:		
	Phone:	()	Alternate phone:			Fax:	()	
	Care Of:			E-Mail Add	dress:			
	Mailing Address:			_				
	City:			State:		Zip:		
	Water Provider							
				FORMATION				
	_		nual permit: ☐ Busine ss?	_		Owner Addre	ess Other	
	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.							
		ature of Applicant		Print Na			Date	
L			FRANSFERABLE. PERMIT				ERMIT APPLICATION.	
	TOBACCO F	RETAIL TRAINING	Program ID F	FOR C	FFICIAL U	SE ONLY Date Mailed	I Facility ID	
			-9	New Owner ID		Map #	Service Request #	
				Received By		Date Paid	Accounting ID	

MOBILE FOOD FACILITY ENVIRONMENAL HEALTH PERMIT APPLICATION (Part 2)

	Choose One Facility From The List Below And Complete Corresponding Forms							
Type of Facility	Ice Cream Push Cart	Produce Vehicle	Ice Cream Truck/Prepackaged Vehicle	Hotdog/Churro/Coffee Cart/Shaved Ice	Mobile Food Preparation Unit			
Additional forms to complete with application	1. Commissary Authorization 2. Photo ID/Driver license 3. Out-of- County Commissary Authorization- if applicable	1. DMV Registration 2. Photo ID/Driver license 3. Commissary Authorization 4. Commissary/Outof-County Authorization form, if applicable 5. Restroom Authorization 6. Itinerary 7. Menu 8. Seller's Permit, if selling at Swap Meet.	 DMV Registration Photo ID/Driver license Commissary Authorization Out-of-County Commissary Authorization, if applicable Itinerary Menu California State Insignia Milk and Dairy Certification from California Department of Food and Agriculture—if applicable Seller's Permit/Fictitious Title Food Safety Manager certification and Food Handler Cards, if applicable 	 DMV Registration Photo ID/Driver license Commissary Authorization Out-of-County Commissary Authorization, if applicable Restroom Authorization Itinerary Menu Food Safety Manager Certification (One for each permit) and Food Handler Cards for employees Seller's Permit/Fictitious Title California State Insignia (not applicable for carts) 	 DMV Registration Photo ID/Driver license Commissary Authorization Out-of-County Commissary Authorization, if applicable Restroom Authorization Itinerary Menu Food Safety Manager Certification (One for each permit) and Food Handler Cards for employees California State Insignia Seller's Permit/Fictitious Title Fire Inspection 			

Vehicle Information	Vehicle Make, Model & Yr.	State of License	Vehicle License Number

	Name of Exam	Certificate Number	Date of Exam
Food Safety Manager Certification	NOT APPLI	CABLE	
	Name of Certified Person		Expiration Date

I hereby state, under the penalty of perjury, that the above information is current and true to the best of my knowledge and agree to operate in accordance with the California Health and Safety Code (Division 104, Part 7, Chapter 4).

o	~	
Signature of Applicant	Print Name	1)2†6
Signature of Applicant	FILL NAILE	Date



Commissary Authorization

Authorization must have an original signature by the commissary **owner/permittee**

Ivallic	of Food Facility				
Street Address, City					
Days/Hours of Operation Day Phone					
			E-mail Address		
Name c	of Mobile Food Facility				
Mobile	Food Facility License Plate				
	wing services governed by Section ood Facility and are indicated by			de are provided for the above na	Initials
micials	Adequate cold and dry storage for food, utensils, and other supplies. Storage area for my food and supplies are separated from the Mobile Food Facility's food and supplies.		A food preparation area for mobile food facilities that conduct food preparation.		Interests
	Potable water for filling water tanks.		Approved disposal waste water and gr	system for the disposal of rease.	
	Three compartment sink for sa	nitizing utensils.	Approved disposal area for the disposal of garbage and refuse.		
	Hot and cold water under pres designated area for cleaning the				
_	to comply with the provisions on the lest of the best on with an application.	of my knowledge. I	t is a misdemeanor	to knowingly make any false st	
	wa of Commission Occurred Inc.			Date	
	re of Commissary Owner/Permitt	:ee	Print Name	Dute	
Signatu I, the ow a daily ba Health P	re of Commissary Owner/Permitt mer/permittee of the Mobile Foo asis. I will use the commissary for ermit will be revoked, and I mu Public Health Services Departmen	od Facility noted abov or the requirements r st stop operating un	re, agree to use this for noted above. If I do n til I obtain another o	ood facility as a commissary for s not use the commissary, my Env	ironmen



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	ne of Mobile Food Business:										
Vehicle License Plate Number:											
Mob	Mobile Food Vehicle Contact Cell Phone Number:										
NOTE	cone of the following boxes: E: You must obtain the proper business license for each lances. Failure to do so may result in fines/penalties no										
I plan to operate in one location. The address where I will operate is:											
	I plan to operate at many locations or on a route. Complete information (days/times of operation) on										
Count am fo	owner/permittee of the Mobile Food Facility noted above, y Public Health Services Department, Environmental Healt und to be operating in a location not approved by this department operating until I submit an approved itinerary with c	agree to adhere to the following h Division if my itinerary should c artment, my Environmental Healt	hange. I understand that if I h Permit will be revoked and								
Firma	cure of Ice Cream Truck Owner/Permittee de Propietario/Titular de Camion de Helados de ento Móvil	Print Name Letra de Molde	Date Fecha								

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			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	42246
And Friday	Stop: 3:00	AM/PM)	1234 Somewhere Else Street, Bakersfield
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	
	Start:	AM/PM	
	Stop:	AM/PM	



Facility Name (Nombre de Instalación):		Facility Address (Dirección de Instalación):		
, , , , , , , , , , , , , , , , , , , ,		radiney radicess	(Silesois) de instalación).	
Prepackaged Foods (Check all that app	oly) Alimentos Pre-enpaq	uetados (Marque todos	los que aplican):	
☐ Candy (Dulces)	☐ Chips (Papitas Fi	ritas)	☐ Cookies (Galletas)	
☐ Ice Cream (Helados)				
☐ Other (Please list) ☐ Otro (Listar por f	favor):			
Prepackaged Drinks (Check all that ap	ply) Bebidas Pre-enpaque	etadas (Marque todos lo	os que aplican):	
☐ Bottled Water (Agua Embotellada)	☐ Canned Soda (Soda Enlatada)		
☐ Other (Please list) ☐ Otro (Listar por f	favor):			
*The sale of soft serve ice cream from	an Ice Cream Truck r	equires a hand was	shing station with hot water that maintains	
during hours of operation. (La venta de h	elado blando de un Camić	ón de Helados requiere	una estación de lavado de manos con agua caliente que	
mantiene 100 ° F durante horas de operación).				
I. the owner/permittee of the Ice Crea	m Truck noted above	e. agree to adhere t	to the above menu. I will contact Kern Count	
		. •	should change. I understand that if I am fo	
be operating non-approved equipmen	t and/or am serving	food not approved	by this department, my Environmental Heal	
Permit will be revoked and I must stop	operating until perr	nission to continue	operation by this department is received. (
			a. Me pondré en contacto con el Departamento de Ser	
			o que si me encontrara operando equipo no aprobado vocado y debo dejar de operar hasta que se reciba de e	
		oaluu Allibielitai sera re	vocado y debo dejar de operar nasta que se reciba de e	
·	operación).			
departamento el permiso para continuar con la	operación).			

Agency Contact List

(Lista de contactos de agencias)

City of Bakersfield	COUNTY	STATE	Federal
City Business License	County Clerk-Fictitious Names	Department of Community Housing & Development	Internal Revenue Service
1600 Truxtun Ave	1115 Truxtun Ave	3737 Main St., Suite 400	Employer Identification
(661) 326-3762	(661) 868-3588	Riverside, CA 92501	Number
www.ci.bakersfield.ca.us	www.co.kern.ca.us	(951) 782-4420	4825 Coffee Rd
		www.hcd.ca.gov	(800) 829-1040
City Planning	County Business License	Tax and Fee Administration	
Department/Zoning	1350 Norris Rd., Unit B	1800 30 th St, Suite 380 (3 rd Flr)	
1715 Chester Ave	(661) 391-7690	(661) 395-2881	
(661) 326-3733	www.co.kern.ca.us	www.boe.ca.gov	
www.ci.bakersfield.ca.us			
Recreation & Parks Department	County Planning Department	Department of Motor Vehicles	
City Parks Permit	Zoning Approval	3120 F St.	
1600 Truxtun Ave	2700 M. St.	(800) 777-0133	
(661) 326-3866	(661) 862-8600	www.dmv.ca.gov	
	pcd.kerndsa.com		
	County Fire Department	Department of Food and Agriculture	
	Fire Prevention Unit	Milk and Dairy Foods Control Branch	
	5642 Victor St.	(916) 900-5008	
	(661) 391-7080	www.cdfa.ca.gov	
	Kern County Department of	Department Of Public Health Food and Drug Branch	
	Agriculture & Measurements	Processed Food Registration	
	Standards	P.O. Box 997435, MS 7602	
	1001 So. Mt. Vernon Ave	Sacramento, CA 95899-7435	
	(661) 868-6300	(916) 650-6500	
	www.kernag.com	http://www.cdph.ca.gov/programs/pages/FDB%20processedfoods.aspx	

Outlying City Business Licenses and Zoning Requirements					
City of Arvin	City of Ridgecrest	City of Taft	City of Wasco		
Business License/Zoning	Business License	Business License	Business License/Zoning		
200 Campus Dr.	100 W. California	209 E. Kern County	764 E. St.		
(661) 854-3134	(760) 499-5026	(661) 763-1350	(661) 758-7231		
City of Delano	City of Shafter	City of Tehachapi	City of Maricopa		
Business License/Zoning	Business License/Zoning	Business License/Zoning	Business License/Zoning		
1015 11 th Ave	336 Pacific Ave	115 S. Robinson	400 California St		
(661) 720-2265	(661) 746-5001	(661) 822-2200	(661) 769-8279		
City of California City	City of McFarland				
Business License/Zoning	Business License/Zoning				
21000 Hacienda Blvd	401 W. Kern Ave.				
(760) 373-8661	(661) 792-3091				

California Health and Safety Code

Division 104 – Environmental Health Part 7. California Retail Food Code Effective January 1, 2016

CHAPTER 10. Mobile Food Facilities

114294.

- (a) All mobile food facilities and mobile support units shall meet the applicable requirements in Chapter 1 (commencing with Section 113700) to Chapter 8 (commencing with Section 114250), inclusive, Chapter 12.6 (commencing with Section 114377), and Chapter 13 (commencing with Section 114380), unless specifically exempted from any of these provisions as provided in this chapter.
- (b) The enforcement agency shall initially approve all mobile food facilities and mobile support units as complying with the provisions of this chapter and may require re-approval if deemed necessary.
- (c) Each mobile food facility that is either a special purpose commercial modular and coach as defined by Section 18012.5 or a commercial modular coach as defined by Section 18001.8 shall be certified by the Department of Housing and Community Development, consistent with Chapter 4 (commencing with Section 18025) of Part 2 of Division 13, and regulations promulgated pursuant to that chapter. In addition, the enforcement agency shall approve all equipment installation prior to operation.

114295.

- (a) Except as specified in subdivision (b), all mobile food facilities shall operate in conjunction with a commissary, mobile support unit, or other facility approved by the enforcement agency.
- (b) This section does not apply to mobile food facilities that operate at community events as defined in Section 113755 and that remain in a fixed position during food preparation and its hours of operation, if potable water and liquid waste disposal facilities are available to mobile food facilities requiring potable water.

114297.

- (a) Mobile food facilities shall be cleaned and serviced at least once daily during an operating day.
- (b) Except as specified in subdivision (c), all mobile food facilities shall report to the commissary or other approved facility on a daily basis.

114299.

- (a) Except as specified in subdivision (c), the business name or name of the operator, city, state, ZIP Code, and name of the permittee, if different from the name of the food facility, shall be legible, clearly visible to consumers, and permanently affixed on the consumer side of the mobile food facility and on a mobile support unit.
- (b) The business name shall be in letters at least 3 inches high. Letters and numbers for the city, state, and ZIP Code shall not be less than one inch high. The color of each letter and number shall contrast with its background.
- (c) Notwithstanding subdivision (a), motorized mobile food facilities and mobile support units shall have the required identification on two sides.

114305.

(a) During operation, no food intended for retail shall be conveyed, held, stored, displayed, or served from any place other than a mobile food facility, except for the restocking of product in a manner approved by the enforcement agency.

114315.

- (a) A food facility shall be operated within 200 feet travel distance of an approved and readily available toilet and handwashing facility, or as otherwise approved by the enforcement agency, 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.
- (b) This section does not limit the authority of a local governing body to adopt, by ordinance or resolution, additional requirements for the public safety, including reasonable time, place, and manner restrictions pursuant to its authority under subdivision (b) of Section 22455 of the Vehicle Code.
- **114317.** The exterior of a mobile food facility and the surrounding area, as relating to the operation of food service, shall be maintained in a sanitary condition.