

MOBILE FOOD FACILITY ENVIRONMENTAL 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	<ol style="list-style-type: none"> 1. Photo ID 2. Seller's Permit, <i>if applicable</i> 3. Commissary Authorization 4. Out-of-County Commissary Authorization, <i>if applicable</i> 	<ol style="list-style-type: none"> 1. Photo ID 2. DMV Registration 3. Commissary Authorization 4. Commissary/Out-of-County Authorization form, <i>if applicable</i> 5. Restroom Authorization 6. Itinerary 7. Menu 8. Seller's Permit, <i>if selling at Swap Meet</i> 	<ol style="list-style-type: none"> 1. Photo ID 2. DMV Registration 3. Commissary Authorization 4. Out-of-County Commissary Authorization, <i>if applicable</i> 5. Itinerary 6. Menu 7. California State Insignia 8. Milk and Dairy Certification from California Department of Food and Agriculture, <i>if applicable</i> 9. Seller's Permit/Fictitious Title 10. Food Safety Manager Certification (One for each permit) and Food Handler Cards for employees, <i>if applicable</i> 	<ol style="list-style-type: none"> 1. Photo ID 2. Seller's Permit 3. DMV Registration 4. Commissary Authorization 5. Out-of-County Commissary Authorization, <i>if applicable</i> 6. Restroom Authorization 7. Itinerary 8. Menu 9. Food Safety Manager Certification (One for each permit) 10. California State Insignia (<i>not applicable for carts</i>) 	<ol style="list-style-type: none"> 1. Photo ID 2. Seller's Permit 3. DMV Registration 4. Commissary Authorization 5. Out-of-County Commissary Authorization, <i>if applicable</i> 6. Restroom Authorization 7. Itinerary 8. Menu 9. Food Safety Manager Certification (One for each permit) and Food Handler Cards for employees 10. California State Insignia 11. Fire Inspection

Vehicle Information	<i>Vehicle Make, Model & Yr.</i>	<i>State of License</i>	<i>Vehicle License Number</i>
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Food Safety Manager Certification	<i>Name of Exam</i>	<i>Certificate Number</i>	<i>Date of Exam</i>
	<i>Name of Certified Person</i>		<i>Expiration Date</i>

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).

Signature of Applicant

Print Name

Date





Commissary Authorization

Authorization must have an original signature by the commissary **owner/permittee**. I, the owner/permittee of the food facility noted below, will allow my facility to serve as a commissary for the Mobile Food Facility noted below. I understand that as a commissary for the Mobile Food Facility, I must allow the mobile unit to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected to ensure the requirements are met.

Name of Food Facility			
Street Address, City			
Days/Hours of Operation			
Day Phone		E-mail Address	

Name of Mobile Food Facility	
Mobile Food Facility License Plate	

The following services governed by Section 114326 of the California Retail Food Code are provided for the above named Mobile Food Facility and are indicated by my initials as follows:

Initials			Initials
	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.	
	Potable water for filling water tanks.	Approved disposal system for the disposal of waste water and grease.	
	Three compartment sink for sanitizing utensils.	Approved disposal area for the disposal of garbage and refuse.	
	Hot and cold water under pressure and a designated area for cleaning the vehicle.		

I agree to comply with the provisions of Section 114326 of the California Retail Food Code. I certify that the information provided is true and correct to the best of my knowledge. It is a misdemeanor to knowingly make any false statement in connection with an application.

Signature of **Commissary** Owner/Permittee Print Name Date

I, the owner/permittee of the Mobile Food Facility noted above, agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Environmental Health Permit will be revoked, and I must stop operating until I obtain another commissary and provide proof to the Kern County Public Health Services Department, Environmental Health Division.

Signature of **Mobile Food** Facility Owner/Permittee Print Name 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)).

This form is to be completed by, and have **an original signature from, the owner/permittee of the business providing the restroom facilities** for a mobile food cart or mobile food preparation unit which will be operating at a fixed location.

<i>Business Name</i>		<i>FA Permit #</i>
<i>Business Address</i>	<i>City, State, Zip</i>	<i>Telephone</i>
<i>Days of Operation</i>	<i>Hours of Operation</i>	

Your signature on the line below indicates that you agree to allow the Mobile Food Facility known as:

<i>Name of Mobile Food Facility</i>	
<i>Mobile Food License Number</i>	

to use your restroom facilities. The restroom has a hand washing sink equipped with hot and cold water, a self-mixing faucet, and is supplied as needed with soap and single service towels in permanently mounted dispensers.

Signature of **Restroom Facility Owner**

Print Name

Date

Signature of **Mobile Food Facility Owner**

Print Name

Date





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

ATTENTION: Selling of multiple menu items is subject to approval by Kern County Environmental Health.
ATENCIÓN: Venta de múltiples elementos de menú esta sujeto a la aprobación por Salud Ambiental del Condado de Kern.

Mobile Food Cart Menu (Menú para Carreta de Alimento Móvil)		
Facility Name (Nombre de Instalación):		Facility 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-empaquetados (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-empaquetadas (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):		

I, the owner/permittee of the Mobile Food Cart noted above, agree to adhere to the above menu. I will contact Kern County Public Health Services Department, Environmental Health Division if my menu and/or cooking equipment should change. I understand that if I am found to be operating non-approved cooking equipment and/or am serving food not approved by this department, my Environmental Health Permit will be revoked and I must stop operating until permission to continue operation by this department is received. (Yo, el propietario/titular de la Carreta de Alimento Móvil notada arriba, acuerdo a adherir al menú notado arriba. Me pondré en contacto con el Departamento de Servicios de Salud Pública del Condado de Kern, División de Salud Ambiental si mi menú y/o equipo para cocinar cambiara. Entiendo que si se me encontrara operando equipo de cocina no aprobado y/o sirviendo alimentos no aprobado por este departamento, mi Permiso de Salud Ambiental será revocado y debo dejar de operar hasta que se reciba de este departamento el permiso para continuar con la operación).

Signature of Mobile Food Cart Owner/Permittee
Firma de Propietario/Titular de Carreta de Alimento

Print Name
Letra de Molde

Date
Fecha

