

**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. Driver license/ID 2. Commissary Authorization 3. Out-of-County Commissary Authorization -- if applicable 	<ol style="list-style-type: none"> 1. DMV Registration 2. Driver license/ID 3. Commissary Authorization 4. Commissary/Out-of-County Authorization form, if applicable 5. Restroom Authorization 6. Itinerary 7. Menu 	<ol style="list-style-type: none"> 1. DMV Registration 2. Driver license/ID 3. Commissary Authorization 4. Out-of-County Commissary Authorization, if applicable 5. Itinerary 6. Menu 7. California State Insignia 8. Milk and Dairy Certification by California Department of Food and Agriculture, <i>if applicable</i> 	<ol style="list-style-type: none"> 1. DMV Registration 2. Driver license/ID 3. Commissary Authorization 4. Out-of-County Commissary Authorization, if applicable 5. Restroom Authorization 6. Itinerary 7. Menu 8. Food Safety Manager Certification (One for each permit) 	<ol style="list-style-type: none"> 1. DMV Registration 2. Driver license/ID 3. Commissary Authorization 4. Out-of-County Commissary Authorization, if applicable 5. Restroom Authorization 6. Itinerary 7. Menu 8. Food Safety Manager Certification (One for each permit) 9. California State Insignia 10. 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