

PREPACKAGED ICE CREAM TRUCK REQUIREMENTS



- 1. The ice cream truck shall operate in conjunction with an approved commissary. Complete the **Shared Food Facility/Commissary Agreement** form.
- 2. Complete **Health Permit Application** and submit with current annual health permit fee.
- 3. Provide an approved freezer for ice cream storage.
- 4. Provide owner identification on two sides of the ice cream truck as follows:
 - a. Business name or name of operator in at least 3-inch letters
 - b. City, state and Zip code in at least 1-inch letters
 - c. Name of permittee (if different from the name of the food facility) in at least 1-inch letters.
 - d. All letters shall of a contrasting color to the ice cream truck.
- The ice cream truck shall operate in conjunction with an approved commissary.
 Prepackaged ice cream trucks may utilize the facility where the ice cream is purchased as the commissary.
- 6. Ice cream trucks that are occupied during normal business operations shall have a clear unobstructed height over the aisleway portion of the unit at least 74 inches from floor to ceiling, and a minimum of 30 inches of unobstructed horizontal aisle space.
- 7. Spare tires, related automotive equipment, or special tools shall be stored separate from food.
- 8. Provide a first aid kit and fire extinguisher.
- 9. All prepackaged ice cream must be properly labeled.

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COUNTY OF MARIN ENVIRONMENTAL HEALTH SERVICES 3501 CIVIC CENTER DRIVE, RM 23§ SAN RAFAEL, CA 94903 415.499.6907/ (Fax) 415.507.4120 www.co.marin.ca.us/ehs

SHARED FOOD FACILITY/COMMISSARY AGREEMENT

Business Name	Bus. P	hone	Bus. Fax
Business Address	City/State	Ž	Zip
Owner Name	Home Phone	E-mai	il Address
I hereby state that the above information is my approved commissary in accordance Agreement is modified or cancelled, and a operate a food facility will be subject to susp	with the California Health & Saf new Commissary Agreement is no	fety Code. (Note:	: If this Commissary
Signature of Business Owner	 Date	_	
II. To be completed by COMMISSARY O	WNER/OPERATOR — <i>Please prin</i>	nt or type.	
Commissary Name	Bus. P	hone	Bus. Fax
Commissary Address	City/St	ate	Zip
Commissary Owner Name	Home Phone	E-mail Address	
I understand and agree to provide for the fol	llowing requirements: (Check all that	at apply)	
 sanitary wastewater disposal potable water proper disposal of refuse & garbage 	□ utensil was □ electrical h	ookups	
hot & cold water for vehicle cleaningfood preparation area		nd washing facilitie rehicle storage	es
tood preparation areavehicle/cart storage (circle one) vehi	•	_ license plate #	
I hereby declare that I hold a valid Environment Health and Safety Code §114326. (INCLUDE hereby declare and certify that the business no County Environmental Health, by written docupermit, or when this commissary agreement is	A COPY OF VALID ENVIRONMENT amed in Section I is operating out of iment, of any change in the status of	TAL HEALTH OR S the above commiss	STATE PERMIT.) I sary. I will notify Marin
Signature of Commissary Owner/Manager	Print Name		Date
III. To be completed by the local ENVIRON Permit when the above commissary estab			
The food establishment is located inthe California Health and Safety Code §1* commissary.	County and meets the 14326. The above checked require		
Signature of REHS	Print Name	Bus. Phone	 Date

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MOBILE FOOD FACILITY APPLICATION
ALL FEES MUST BE PAID BEFORE INSPECTION. PAYMENT ALONE DOES NOT GUARANTEE THE RIGHT TO OPERATE. FOR PERMIT FEE ~ REFER TO CURRENT FEE SCHEDULE.

CHECK ONE: ☐ Mobile Food Facility ☐ Mobile Support Unit ☐ Ice Cream Truck ☐ Push Cart ☐ Stationary Food Cart ☐ Change of Commissary Only						
☐ Copy of Menu attac	ager Certificate attached.	gned and a	ttached.			
NAME OF BUSINESS:						
BUSINESS LOCATION(s) of	MFF: (List location(s) you will be operating;	City, Market, e	etc.)			
OWNER'S NAME:		0	OWNER'S E-MAIL ADDRESS			
OWNER'S ADDRESS (Street	et or PO Box, City, Zip)	0 (WNER'S TELEPHONE NUMBER			
BUSINESS MAILING ADDR	ESS (for billing / permitting)	В (USINESS TELEPHONE NUMBER) -			
BUSINESS E-MAIL ADDRES	SS					
HEALTH PERMIT HOLDER'	S DRIVER'S LICENSE # AND EXPIRATION	N DATE:				
YEAR/MAKE/COLOR OF VEHICLE		V	VEHICLE LICENSE PLATE #			
REGISTERED VEHICLE OWNER'S NAME			PERMIT HOLDER'S SOCIAL SECURITY OF FEDERAL TAX ID VEHICLE IDENTIFICATION NUMBER (VIN#)			
	shall obtain the necessary bus ng. Local cities may have restri			Il or County Business License		
applicable state and lo fee and late penalties, result in a misdeme.	by applies for a Permit to Opera cal regulations, laws, and such insif any, to secure a valid permit is ranor citation, permit suspension Services of any change in the type ISFERABLE.	pection proc equired befor Prevocation	cedures needed to ensure com ore commencing or continuing proceedings, and/or closur	npliance. Payment of the required operations. Failure to do so may e. Notify the County of Marin		
Signature	Po	sition/Title		Date		
Fee:	FOR C	OFFICE USE Credit Card	ONLY Receipt #:	Date Received:		