



COMMUNITY DEVELOPMENT AGENCY

ENVIRONMENTAL HEALTH SERVICES DIVISION

Compact Mobile Food Operation Application (CMFO) *Solicitud de operación de alimentos Móvil Compacta*

Todas las preguntas deben contestarse en inglés.



Prior to submitting this application: *Antes de presentar esta solicitud:*

- Review the Marin County EHS Compact Mobile Food Operation Frequently Asked Questions.
Revise las Preguntas frecuentes sobre la operación de alimentos móvil compacta del EHS del condado de Marin.
 - Verify that your cart, stand, display or other allowed option for production and sales has been reviewed and approved by our department. Refer to the CMFO Plan Review guidelines and application.
Verifique que nuestro departamento haya revisado y aprobado su carrito, vitrina, exhibición u otra opción permitida para producción y venta. Consulte las directrices pautas y la solicitud de revisión de planos de la CMFO.
 - Review and check ✓ one of the following, which best describes your proposed operation:
Revise y marque ✓ una de las siguientes opciones que mejor describa su operación propuesta:
 - ___ Pre-package non-potentially hazardous food, pre-packaged frozen ice cream.
Alimentos preempaquetados no potencialmente peligrosos, helado preempaquetado
 - ___ Limited food preparation with no raw animal products
Preparación de alimentos limitada sin productos de animales crudos.
 - ___ Limited food preparation with raw animal products (beef, fish, chicken, pork)
Preparación de alimentos limitada con productos de animales crudos (res, pescado, pollo, y cerdo)
1. Complete enclosed **Health Permit Application** and submit with current annual health permit fee.
Complete la Solicitud de permiso de salud adjunta y sométela con la tarifa anual actual del permiso.
 2. Provide a **complete menu** and include with this application.
Proporcione el menú completo e inclúyalo con esta solicitud.
 3. Provide written operational procedures for food handling and the cleaning and sanitizing of food-contact surfaces and utensils. Complete the **Food Handling Operational Procedures** form. This form will be approved by our office and a copy of the approved form is to be kept with your operation.
Proporcione por escrito los procedimientos operativos para la manipulación de alimentos y la limpieza e desinfección de superficies y utensilios que están en contacto con los alimentos. Complete el formulario de Procedimientos operativos para la manipulación de alimentos. Este formulario lo aprobará nuestra oficina y se mantendrá una copia del formulario aprobado con su operación.
 4. Please complete the attached **Route Sheet**.
Por favor complete la Hoja de ruta adjunta.
 5. Submit sample label copies if selling pre-packaged foods
Presente las copias de etiquetas de muestra si vende alimentos preempaquetados.
 6. Provide an adequate supply of spare preparation and serving utensils to replace those that become soiled or contaminated or provide an approved 3-compartment sink on your CMFO.
Proporcione suficiente o extra-utensilios para reemplazar a los que se ensucien o contaminen durante la preparación y el servicio, o proporcione un fregadero de 3 compartimentos aprobado en su CMFO.

FOOD HANDLING OPERATIONAL PROCEDURE FORM
FORMULARIO DE PROCEDIMIENTOS OPERATIVOS PARA LA MANIPULACIÓN DE ALIMENTOS

Todos los detalles deben responderse en inglés.

1. Provide a complete menu. List all foods to be offered to the public including beverages, prepackaged, and unpackaged foods. **Include sample packaging with labels.**
*Proporcione un menú completo. Liste todos los alimentos que se ofrecerán al público, incluyendo bebidas, alimentos preempaquetados y alimentos no empaquetados. **Incluya el envase o paquete con muestra con etiquetas***

2. Indicate which foods will be prepared at the commissary. *Indique qué alimentos se prepararán en la comisaría.*

3. Describe in detail how foods will be prepared at the commissary for use on the Compact Mobile Food Operation. For example, how will fresh produce be cleaned?
Describe detalladamente cómo se prepararán los alimentos en la comisaría para su uso en la operación móvil compacta de alimentos. Por ejemplo, ¿cómo se limpiarán los vegetales y frutas frescas?

4. Describe how required hot and cold holding temperatures of potentially hazardous foods will be maintained and monitored.
Describe detalladamente cómo se mantendrán las temperaturas frías y calientes en los alimentos potencialmente peligrosos.

5. If required, describe cleaning procedure for the 3-compartment sink. Indicate an approved sanitizer, containing one of the following chemicals in the specified concentration:

Si es necesario, describa el procedimiento de limpieza para el lavabo de 3 compartimentos. Indique un desinfectante aprobado, que contenga uno de los siguientes productos químicos en la concentración especificada:

- (a) Chlorine at 100 parts per million (ppm) for at least 30 seconds of contact.
Cloro en 100 partes por millón (ppm) por al menos 30 segundos de contacto;
- (b) Quaternary ammonium at 200 ppm for at least one minute of contact. Test strips are required.
Amonio cuaternario a 200 ppm por al menos un minuto de contacto. Las tiras reactivas son obligatorias

6. List all cooking equipment and utensils that will be used on the cart. All food-service related equipment must be of commercial grade and ANSI (NSF, ETL) approved.

Liste todos los equipos de cocina y utensilios que se usarán en el carrito. Todo el equipo relacionado con el servicio de alimentos debe ser de calidad comercial y aprobado por el ANSI (NSF, ETL).

7. Describe how food contact surfaces will be cleaned and sanitized during hours of operation.

Describe cómo se limpiarán y desinfectarán las superficies en contacto con la comida durante el horario de operación.

8. Describe how and where the potable water tank will be filled as required for all sinks.

Describe cómo y dónde se surtirá el tanque de agua potable según sea necesario para todos los lavabos.

9. Describe how and where the wastewater will be disposed of.

Describe cómo y dónde se desechará el agua residual.

10. Describe how foods will be protected from contamination during transport to the cart.
Describe cómo se protegerá los alimentos de la contaminación durante el transporte en el carrito.

11. Describe how the cart will be transported to the commissary daily. Where will the cart be stored overnight?
Describe cómo se transportará el carrito diariamente a la comisaría. ¿Dónde se guardará el carrito durante la noche?

12. If you are operating alone, a restroom is required within 200 feet of your operation. Please note the location of your operation and the available restroom.
Si usted está operando solo, es necesario que haya un baño a menos de 200 pies de su operación. Escriba el lugar de su operación y del baño disponible.

13. Attach to this application any additional information as needed to describe all operating procedures.
Adjunte a esta solicitud más información según sea necesario para describir todos los procedimientos operativos.

FOR EHS OFFICE USE ONLY SOLO PARA USO DE LA OFICINA DE EHS	
Operational Procedures Reviewed and Approved by: Environmental Health Specialist	Date of Approval:

SHARED FOOD FACILITY/COMMISSARY AGREEMENT
INSTALACION DE ALIMENTOS COMPARTIDOS/ ACUERDO DE COMISARIO

I. To be completed by APPLICANT — Please print or type.

Para ser llenado por el SOLICITANTE: Escriba en letra de molde o a máquina en inglés.

Business Name <i>Nombre de Negocio</i>	Bus. Phone <i>Teléfono</i>	Bus. Fax <i>Fax del Negocio</i>
Business Address <i>Dirección del Negocio</i>	City/State <i>Ciudad/estado</i>	Zip <i>Código postal</i>
Owner Name <i>Nombre del propietario</i>	Home Phone <i>Teléfono de casa</i>	E-mail Address/ <i>correo electrónico</i>

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. **(Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)** *Por la presente declaro que la información de arriba está actualizada, es verdadera y correcta, entiendo, y acepto usar mi comisario aprobado de acuerdo a el Código de Salud y Seguridad de California. (Nota: Si se modifica o cancela este Acuerdo de comisaria y no se presenta un nuevo acuerdo de comisaria en esta oficina, su permiso para operar un servicio de comida estará sujeto a suspensión o revocación).*

Signature of Business Owner <i>Firma del propietario del negocio</i>	Date <i>Fecha</i>
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II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

A completar por el PROPIETARIO/OPERADOR DEL ECONOMATO: Escriba en letra de molde o a máquina en inglés.

Commissary Name	Bus. Phone	Bus. Fax
Commissary Address	City/State	Zip
Commissary Owner Name	Home Phone	E-mail Address/

I understand and agree to provide for the following requirements: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> sanitary wastewater disposal
<input type="checkbox"/> potable water
<input type="checkbox"/> proper disposal of refuse & garbage
<input type="checkbox"/> hot & cold water for vehicle cleaning
<input type="checkbox"/> food preparation area
<input type="checkbox"/> vehicle/cart storage (circle one) vehicle make/year _____ license | <input type="checkbox"/> adequate storage for
<input type="checkbox"/> utensil washing
<input type="checkbox"/> electrical hookups
<input type="checkbox"/> toilet & hand washing
<input type="checkbox"/> overnight vehicle storage |
|---|--|

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager	Print Name	Date
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III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located outside of Marin County — Please print or type.

The food establishment is located in _____ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS	Print Name	Bus. Phone	Date
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Mobile Food Facility Route Sheet

Name of Mobile Food Facility: _____ Lic plate #: _____

Name of operator: _____ Cell Phone#: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Please list your current route information/location of operation in the spaces provided below:

Location/Address with city:	Days of Operation:							Start Time:	End Time:
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

In addition, my current route information/location of operation is posted on our website.

NOTE: Additional agency approval may be required for the MFF operating locations (i.e code enforcement, zoning/planning). If you are going to park your MFF at one location for longer than one hour, you must have written permission from owner for use of restroom.

Revised route information may be provided by fax: (415) 473- 4120, email: ehinfo@marincounty.org or US mail.

I understand and agree that if I make changes to my route or business location, I must notify Environmental Health Services within 30 days.

Signed: _____ Title/Position: _____ Date: _____

E-mail: _____ Website: _____

OFFICE USE ONLY

Received/Reviewed by: _____ Date: _____

HEALTH PERMIT LICENSE APPLICATION

<p>PERMIT TYPE (CHECK ONE):</p> <p><input type="checkbox"/> RESTAURANT # OF SEATS: _____</p> <p><input type="checkbox"/> MARKET OR BAKERY SQUARE FOOTAGE: _____</p> <p><input type="checkbox"/> CATERER</p> <p><input type="checkbox"/> TEMPORARY FOOD FACILITY</p> <p><input type="checkbox"/> MOBILE FOOD FACILITY</p> <p><input type="checkbox"/> FARMERS MARKET VENDOR</p> <p><input type="checkbox"/> COTTAGE FOOD OPERATOR</p> <p><input type="checkbox"/> OTHER FOOD (DESCRIBE) _____</p> <p><input type="checkbox"/> PUBLIC POOL # OF POOLS: _____ # OF SPAS: _____</p> <p><input type="checkbox"/> BODY ARTS</p> <p><input type="checkbox"/> MEDICAL WASTE</p> <p><input type="checkbox"/> HOUSING* # OF UNITS: _____ APN # _____</p> <p><small>*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE:</small></p>	<p>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> BUSINESS NAME</p> <p><input type="checkbox"/> BUSINESS CONTACT CHANGE</p> <p><input type="checkbox"/> BUSINESS LOCATION CHANGE</p> <p><input type="checkbox"/> BUSINESS MAILING ADDRESS</p> <p><input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION</p> <p><input type="checkbox"/> LEGAL OWNER MAILING ADDRESS</p> <p><input type="checkbox"/> OTHER: _____</p>
<p>ON-SITE MANAGER NAME _____ ADDRESS (INCLUDE APT OR UNIT #) _____ TELEPHONE _____</p>	

FACILITY INFORMATION

BUSINESS NAME (DBA)	HOURS of OPERATION	
BUSINESS ADDRESS		
STREET ADDRESS _____	CITY _____	ZIP CODE _____
BUSINESS TELEPHONE: _____	ALTERNATE TELEPHONE NUMBER: _____	

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)
 IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX:

ADDRESSEE NAME <small>(IF DIFFERENT THAN BUSINESS NAME):</small>	
BILLING TELEPHONE NUMBER	

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

LEGAL OWNERSHIP **SELECT ONE:** SOLE PROPRIATORSHIP PARTNERSHIP INCORPORATED

NAME

MAILING ADDRESS

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE AND EMAIL:

TELEPHONE NUMBER: _____ FAX TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT PRINT NAME AFTER SIGNATURE **DATE**

FOR OFFICE USE ONLY	FEE	CHECK OR CC AUTH #	RECEIPT #	RECEIVED BY:
LICENSE NUMBER	ACCOUNT NUMBER			

Environmental Health Services · 3501 Civic Center Drive, Room 236 · San Rafael, CA 94903 · 415 473 6907 T · 415 473 4120 F · 415 473 2255 TTY · marincounty.org/ehs
 All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.

GENERAL INFORMATION: Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or imprisonment. Any application to construct or remodel a food establishment or public swimming pool must be accompanied by plans and specifications. Delinquent Health Permits are subject to a 20% per month penalty.