



COMMUNITY DEVELOPMENT AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION



## Compact Mobile Food Operation Application

### Prior to submitting this application:

- Review the Marin County EHS Compact Mobile Food Operation Frequently Asked Questions.
- 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.
- Review and check ✓ one of the following, which best describes your proposed operation:

Pre-package non-potentially hazardous food, pre-packaged frozen ice cream.

Limited food preparation with no raw animal products.

Limited food preparation with raw animal products (beef, fish, chicken, pork)

1. Complete enclosed **Health Permit Application** and submit with current annual health permit fee.
2. Provide a **complete menu** and include with this application.
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.
4. Please complete the attached **Route Sheet**.
5. Submit sample label copies if selling pre-packaged foods.
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.

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](http://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](mailto:disabilityaccess@marincounty.org). Copies of documents are available in alternative formats, upon request.

**FOOD HANDLING OPERATIONAL PROCEDURE FORM**

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.**

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2. Indicate which foods will be prepared at the commissary.

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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?

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4. Describe how required hot and cold holding temperatures of potentially hazardous foods will be maintained and monitored.

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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:

- (a) Chlorine at 100 parts per million (ppm) for at least 30 seconds of contact.
- (b) Quaternary ammonium at 200 ppm for at least one minute of contact. Test strips are required.

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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.

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

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

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

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10. Describe how foods will be protected from contamination during transport to the cart.

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11. Describe how the cart will be transported to the commissary daily. Where will the cart be stored overnight?

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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.

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13. Attach to this application any additional information as needed to describe all operating procedures.

FOR EHS OFFICE USE ONLY	
Operational Procedures Reviewed and Approved by:  Environmental Health Specialist	Date of Approval:

**SHARED FOOD FACILITY/COMMISSARY AGREEMENT**

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

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

Business Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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.)

Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

**II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.**

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)

- sanitary wastewater disposal
- potable water
- proper disposal of refuse & garbage
- hot & cold water for vehicle cleaning
- food preparation area
- vehicle/cart storage (circle one) vehicle make/year \_\_\_\_\_ license plate # \_\_\_\_\_
- adequate storage for food/equipment
- utensil washing
- electrical hookups
- toilet & hand washing facilities
- 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 \_\_\_\_\_

**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 \_\_\_\_\_

# 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](mailto: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: \_\_\_\_\_

F: PROGRAM/FOOD/Forms and Handouts/ Mobile Food Facility/ MFF Route Sheet March 2015

## HEALTH PERMIT LICENSE APPLICATION

<p><b>PERMIT TYPE (CHECK ONE):</b></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><b>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</b></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>	
ON-SITE MANAGER NAME _____	ADDRESS (INCLUDE APT OR UNIT #) _____	TELEPHONE _____

**FACILITY INFORMATION**

<b>BUSINESS NAME (DBA)</b>	<b>HOURS of OPERATION</b>
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<b>BUSINESS ADDRESS</b>		
STREET ADDRESS _____	CITY _____	ZIP CODE _____

<b>BUSINESS TELEPHONE:</b> _____	ALTERNATE TELEPHONE NUMBER: _____
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**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 _____
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**LEGAL OWNERSHIP**      **SELECT ONE:**     SOLE PROPRIATORSHIP     PARTNERSHIP     INCORPORATED

<b>NAME</b>
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<b>MAILING ADDRESS</b>			
MAILING ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____

<b>TELEPHONE AND EMAIL:</b>	
TELEPHONE NUMBER: _____	FAX TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____
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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.

<b>SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT</b> PRINT NAME AFTER SIGNATURE _____	<b>DATE</b> _____
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<b>FOR OFFICE USE ONLY</b>	FEE _____	CHECK OR CC AUTH # _____	RECEIPT # _____	RECEIVED BY: _____
LICENSE NUMBER _____	ACCOUNT NUMBER _____			

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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.