



## PREPACKAGED FOOD - PUSH CART REQUIREMENTS

1. The push cart 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 a cleanable food compartment with tight fitting lid.
4. Provide owner identification on the consumer side(s) of the mobile food facility as follows:
  - a. Business name or name of operator in 3-inch letters
  - b. City, state and zip code in 1-inch letters
  - c. Name of permittee (if different from the name of the food facility) in 1-inch letters.
  - d. All letters shall of a contrasting color to the ice cream push cart.
5. Push carts may utilize the facility where the product is purchased as the commissary.
6. All prepackaged products must be properly labeled.

~ This page has been left intentionally blank. ~



## 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)

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

### 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

~ This page has been left intentionally blank. ~



**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*

**REQUIRED DOCUMENTATION:**

- Certified Food Manager Certificate attached.  
 Copy of Menu attached.  
 Completed Shared Food/Commissary agreement signed and attached.

<b>NAME OF BUSINESS:</b>		
<b>BUSINESS LOCATION(s) of MFF:</b> (List location(s) you will be operating; City, Market, etc.)		
<b>OWNER'S NAME:</b>	<b>OWNER'S E-MAIL ADDRESS</b>	
<b>OWNER'S ADDRESS</b> (Street or PO Box, City, Zip)	<b>OWNER'S TELEPHONE NUMBER</b> (    )       -	
<b>BUSINESS MAILING ADDRESS</b> (for billing / permitting)	<b>BUSINESS TELEPHONE NUMBER</b> (    )       -	
<b>BUSINESS E-MAIL ADDRESS</b>		
<b>HEALTH PERMIT HOLDER'S DRIVER'S LICENSE # AND EXPIRATION DATE:</b>		
<b>YEAR/MAKE/COLOR OF VEHICLE</b>	<b>VEHICLE LICENSE PLATE #</b>	
<b>REGISTERED VEHICLE OWNER'S NAME</b>	<b>PERMIT HOLDER'S SOCIAL SECURITY or FEDERAL TAX ID VEHICLE IDENTIFICATION NUMBER (VIN#)</b>	

***I acknowledge that I shall obtain the necessary business permits from the local City Hall or County Business License office prior to operating. Local cities may have restrictions regarding sales from vehicles.***

The undersigned hereby applies for a Permit to Operate in the County of Marin and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify the County of Marin Environmental Health Services of any change in the type of business activity, name, billing address, or ownership. **PERMITS AND FEES ARE NOT TRANSFERABLE.**

Signature \_\_\_\_\_ Position/Title \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY			
Fee:	Check #	Cash      Credit Card	Receipt #:
			Date Received: