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 be 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)

☐ 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
~ 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.

NAME OF BUSINESS: ________________________________________________________________
BUSINESS LOCATION(s) of MFF: (List location(s) you will be operating; City, Market, etc.)

OWNER’S NAME: ________________________________________________________________
OWNER’S E-MAIL ADDRESS: ______________________________________________________
OWNER’S ADDRESS: (Street or PO Box, City, Zip) ______________________________________
OWNER’S TELEPHONE NUMBER: ( ) ________-
BUSINESS MAILING ADDRESS (for billing / permitting) ________________________________
BUSINESS TELEPHONE NUMBER: ( ) ________-____________________
BUSINESS E-MAIL ADDRESS: ______________________________________________________

HEALTH PERMIT HOLDER’S DRIVER’S LICENSE # AND EXPIRATION DATE: ________________________
YEAR/MAKE/COLOR OF VEHICLE: ___________________________ VEHICLE LICENSE PLATE #: ______
REGISTERED VEHICLE OWNER’S NAME ___________________________ PERMIT HOLDER’S SOCIAL SECURITY or FEDERAL TAX ID
VEHICLE IDENTIFICATION NUMBER (VIN#) ________________________

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: __________