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 be of a contrasting color to the ice cream truck.

5. 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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SHARED FOOD FACILITY/COMMISSARY AGREEMENT

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

Business Name

Business Address

Owner Name

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

Commissary Address

Commissary Owner Name

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

☐ 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
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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

REQUIRED DOCUMENTATION:
☐ Certified Food Manager Certificate attached.
☐ Copy of Menu attached.
☐ Completed Shared Food/Commissary agreement signed and attached.

<table>
<thead>
<tr>
<th>NAME OF BUSINESS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS LOCATION(s) of MFF: (List location(s) you will be operating; City, Market, etc.)</td>
<td></td>
</tr>
<tr>
<td>OWNER'S NAME:</td>
<td>OWNER'S E-MAIL ADDRESS</td>
</tr>
<tr>
<td>OWNER'S ADDRESS (Street or PO Box, City, Zip)</td>
<td>OWNER'S TELEPHONE NUMBER ( ) -</td>
</tr>
<tr>
<td>BUSINESS MAILING ADDRESS (for billing / permitting)</td>
<td>BUSINESS TELEPHONE NUMBER ( ) -</td>
</tr>
<tr>
<td>BUSINESS E-MAIL ADDRESS</td>
<td></td>
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</tbody>
</table>

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: |