



## STATIONARY FOOD CART REQUIREMENTS

Hot Dog Carts

Espresso/Cappuccino Carts

Popcorn Carts

Churro/pretzel Carts

Prepackaged Food Carts

The list below covers the general requirements for food carts. You may refer to the California Retail Food Code (CalCode) for more specifics on these requirements. Carts that conduct other food preparation or service activities may have additional requirements for compliance. See additional requirements for Espresso/Cappuccino carts on the next page.

1. Complete the **Food Handling Operational Procedure Form** and submit with application.
2. The cart shall operate in conjunction with an approved commissary. Complete the **Shared Food Facility/Commissary Agreement** form.
3. Complete **Health Permit Application** and submit with current annual health permit fee.
4. Provide a **complete menu**.
5. Provide owner identification on the consumer side of the mobile food facility 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 business name) in at least 1-inch letters.
  - d. All letters shall be of a contrasting color to the mobile food facility.
6. The cart equipment including interiors of cabinet units and compartments shall be designed and made of materials that result in smooth and easily cleanable surfaces.
7. Construction joints and seams shall be tightly fitted and sealed to be easily cleanable.
8. Non-portable equipment shall be an integral part of the primary unit (exception: handwashing and warewashing facilities may be on an approved auxiliary conveyance maintained immediately adjacent to the primary unit.)
9. Provide an approved mechanical refrigeration unit. Refrigeration unit means a mechanical unit that extracts heat ... through liquefaction and evaporation of a fluid by a compressor, flame, or thermoelectric device, and includes a mechanical thermostatic control device that regulates refrigerated blown air into an enclosed area at or below the minimum required food storage temperature.
10. 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.
11. Provide counter space for food handling on the cart.

12. All prepackaged foods must be properly labeled.
13. Provide a handwashing facility comprising the following:
  - a. The hand sink shall have minimum dimensions of 9 inches by 9 inches in length and width and five inches in depth.
  - b. The hand sink shall be easily accessible by food employees.
  - c. Permanently attached dispensers for paper towels and liquid soap.
14. Provide an adequate supply of spare preparation and serving utensils to replace those that become soiled or contaminated.
15. Provide a water heater or instantaneous heater capable of heating water to a minimum of 100°F and interconnected to a potable water supply. A minimum water heater capacity of one-half gallon shall be provided.
16. Provide a potable water tank with a minimum capacity of 5 gallons plus additional water needed for food preparation. Refer to the CalCode for design and cleaning criteria for potable water tanks.
17. Provide a wastewater tank with a minimum capacity that is 50% greater than the capacity of the potable water tank. Refer to the CalCode for design and cleaning criteria for wastewater tanks.
18. Food or utensils must be stored in a cabinet or compartment that is separate from poisonous chemicals such as cleaners and sanitizers.

**Additional Requirements for Espresso/Cappuccino Carts:**

1. The handwashing sink shall be separated from the warewashing sink by either 24 inches or a metal splashguard with a height of at least 6 inches that extends from the front edge of the warewashing sink drainboard to the back edge of the drainboard with the corners of the barrier to be rounded.
2. Provide warewashing facilities conforming to one of the following:
  - a. Provide a three-compartment sink with two integral metal drainboards
  - b. Provide a one-compartment sink with at least one integral metal drainboard, an adequate supply of spare preparation and serving utensils to replace those that become soiled or contaminated, and a three compartment sink with two integral metal drainboards in reasonable proximity to, and readily accessible for use by food employees at all times.

The dimensions of each compartment shall be large enough to accommodate the largest utensil to be washed and either of the following:

- a. At least 12 inches wide, 12 inches long and 10 inches deep
- b. At least 10 inches wide, 14 inches long and 10 inches deep

Each drainboard shall be at least the size of one of the sink compartments, have a slope of one-eighth inch per foot toward the sink compartment, and fabricated with a minimum of one-half inch lip or rim to prevent the draining liquid from spilling onto the floor.

**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. Explain how food preparation will be conducted without the use of a food preparation sink. For example, how will fresh produce be cleaned? \_\_\_\_\_

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4. Describe in detail how foods will be prepared at the commissary for use on the mobile food facility. Include sample packaging with labels.

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5. Describe in detail, the procedure for the sanitizing of utensils in the warewashing 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 equipment and utensils that will be used on the cart. All equipment and utensils are subject to approval by the County of Marin Environmental Health Services. \_\_\_\_\_

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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. \_\_\_\_\_

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9. Describe how and where the wastewater will be disposed. \_\_\_\_\_  
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\_\_\_\_\_

10. Describe how hot foods will be held hot (@ 135°F or above). Potentially hazardous foods held at or above 135°F shall be destroyed at the end of the operating day. Thermometers are required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe how precooked foods will be heated prior to hot holding on the mobile food facility. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe how cleaning chemicals, spare times and specialty tools will be stored separate from food and utensils. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe how foods will be protected from contamination during transport on the cart. \_\_\_\_\_  
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\_\_\_\_\_

14. Describe how potable water hoses will be maintained free from contamination on the cart. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Describe how the cart will be transported to the commissary on a daily basis. Describe how and where the cart will be stored overnight. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Describe other operational procedures specific to this business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach 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)

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

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.

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: _____