



CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100, CONCORD, CA 94520
 (925) 608-5500 - (925) 608-5502 FAX
<http://cchealth.org/eh/>
retailfood@cchealth.org

FORM A

MOBILE FOOD FACILITY (MFF) PERMIT TO OPERATE APPLICATION

ALL FEES MUST BE PAID BEFORE INSPECTION. PAYMENT ALONE DOES NOT GUARANTEE THE RIGHT TO OPERATE.
 FOR PERMIT COST PLEASE REFER TO THE CURRENT FEE SCHEDULE: <https://cchealth.org/eh/food/pdf/fees.pdf>.

Select One: **New MFF** **MFF Renewal** **Change of Ownership (for an existing MFF)**

A. PROGRAM DESCRIPTION	<input type="checkbox"/> Unlimited Food Preparation Unit (PE 0718) <input type="checkbox"/> Pre-packaged Non-PHF Vehicle (greater than 25 sq feet) (PE 0738) <input type="checkbox"/> Limited Food Preparation Unit (PE 0708) <input type="checkbox"/> Whole Uncut Produce (greater than 25 sq feet)(PE 0740) <input type="checkbox"/> Pre-packaged Ice Cream Vehicle (PE 0728) <input type="checkbox"/> Mobile Support Unit (PE 0745) <input type="checkbox"/> Pre-packaged/Ice Cream Push Carts <input type="checkbox"/> Auxiliary Conveyance Unit (PE 0746) <input type="checkbox"/> 1-4 carts (PE 701) <input type="checkbox"/> 5-10 carts (PE 702) <input type="checkbox"/> 11 or more (PE 703) <input type="checkbox"/> Additional Operating Unit (PE 0747) Total # of units: _____
	Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Co-Owner <input type="checkbox"/> LLC <input type="checkbox"/> INC. <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Veteran/Non-Profit* (Attach certificate of LP, LLP, Articles of Incorporation or Organization) *Requires copy of DD-214 or proof of Non-Profit status

B. OWNER INFORMATION	Owner Name (Last Name, First Name or Corporation)		
	Owner Address	City/State/Zip	Primary Phone
	Drivers License - ID Number	Drivers License - Exp Date	Alternate Phone

C. BUSINESS INFORMATION	Name of Business (DBA)		Business Phone Number	Business Email (for electronic correspondence)	
	Type of MFF Unit: <input type="checkbox"/> MFF Motorized Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Vehicle (e.g. van, pickup truck) <input type="checkbox"/> Pushcart/Stand		License Plate Number	Vehicle Identification Number (VIN)	HCD Insignia Number
	Primary Commissary Name		Commissary Address		City/State/Zip
	Billing Name (Last Name, First Name/Corporation)				
	Billing Address		City/State/Zip	Primary Phone	

TERMS AND CONDITIONS

I understand that failure to make the required corrections and/or repeat violations may result in re-inspection fees charged to my operations. Additional legal action (s) may be taken against my operations by Contra Costa Environmental Health (CCEH). I understand that failure to comply with the requirements of the California Retail Food Code may result in my operating permit being suspended and/or revoked.

The undersigned hereby applies for a Permit to Operate in Contra Costa County 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 fees 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 Contra Costa Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above. (PERMITS AND FEES ARE NOT TRANSFERABLE).

Your permit to operate expires at the end of each calendar year. Your MFF must be inspected and receive a permit to operate. An MFF operating without a valid permit may be assessed a penalty of three times the permit fee.

Print Owner/Operator: _____ Signature: _____ Date: _____

OFFICE USE ONLY

FA #	PR #	AR #	XR	RECEIVED BY
AMOUNT DUE \$	AMOUNT PAID \$	<input type="checkbox"/> CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____	DATE RECEIVED	REHS



CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100, CONCORD, CA 94520
 (925) 608-5500 - (925) 608-5502 FAX
<http://cchealth.org/eh/>
retailfood@cchealth.org

FORM
B

MOBILE FOOD FACILITY (MFF) COMMISSARY SERVICES AGREEMENT FORM

CONTRA COSTA COUNTY COMMISSARY OUT-OF-COUNTY COMMISSARY (Requires Out-Of-County Environmental Health Verification)

FOR MULTIPLE COMMISSARIES, SUBMIT A COMPLETED COMMISSARY FORM FOR EACH LOCATION.

A. FACILITY TYPE

MFF COMMISSARY RESTAURANT* PRODUCTION KITCHEN * OTHER: _____
 *Must have an Additional Commissary Permit if in Contra Costa County.

B. COMMISSARY INFORMATION

Facility Name: _____
 Facility Address: _____
 Facility Phone #: _____ Fax: _____
 Facility Owner Name: _____ E-mail: _____

C. COMMISSARY OWNER/OPERATOR AGREEMENT

I, OWNER/OPERATOR, WILL PROVIDE THE FOLLOWING SERVICES TO MFF APPLICANT:

COMMERCIAL COOKING KITCHEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	OVERNIGHT MFF PARKING/STORAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>
FOOD/EQUIPMENT DRY STORAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>	LIQUID WASTE DISPOSAL	YES <input type="checkbox"/> NO <input type="checkbox"/>
REFRIGERATED/FROZEN FOOD STORAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>	ELECTRICAL HOOK UP	YES <input type="checkbox"/> NO <input type="checkbox"/>
WAREWASHING AREA	YES <input type="checkbox"/> NO <input type="checkbox"/>	GREASE/OIL DISPOSAL	YES <input type="checkbox"/> NO <input type="checkbox"/>
POTABLE WATER SUPPLY	YES <input type="checkbox"/> NO <input type="checkbox"/>	GARBAGE AND REFUSE DISPOSAL	YES <input type="checkbox"/> NO <input type="checkbox"/>

I, OWNER/OPERATOR, hereby declare that I hold a valid environmental health permit to operate as a commissary as defined by the California Retail Food Code, Chapter 10 meeting the California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. I will notify Contra Costa County Environmental Health Division by written document, of any change in the status of my operation, my environmental health permit, when this commissary agreement is terminated or when the MFF fails to utilize the services checked above at this commissary.

Print Commissary Owner/Operator: _____ Signature: _____ Date: _____

D. MFF OWNER/OPERATOR INFORMATION

I, MFF OWNER/OPERATOR, will operate out of the above-mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted above) [CRFC Sec. 114297]. I will store the MFF at the approved commissary or another approved location overnight. I will notify Contra Costa County Environmental Health Division in writing of any changes to this agreement.

MFF Business Name: _____ License Plate #: _____
 Print Owner/Operator: _____ Signature: _____ Date: _____

E. OUT OF COUNTY COMMISSARY ENVIRONMENTAL HEALTH VERIFICATION

If commissary establishment is outside of Contra Costa County, the local environmental health jurisdiction shall verify current commissary health permit by signing below. Food establishment is in _____ County/City. Facility above meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. The above checked requirements are available at the proposed commissary.

REHS Name: _____ Signature: _____ REHS #: _____
 Phone #: _____ E-mail: _____ Date: _____



MOBILE FOOD FACILITY (MFF) OPERATING INFORMATION

A. STANDARD OPERATING PROCEDURES (SOP)

1. Attach copy of Menu or List all the foods that will be sold.

2. Foods served will be stored at the following:

- Commissary
- Permitted Food Facility (listed on Form B)

3. Foods will be cooked, cooled and prepared at the following location:

- Mobile food facility
- Permitted commercial kitchen (listed on Form B)

**Note: Cooling is NOT allowed in Unenclosed Limited Food Preparation Mobile Facilities. The food facility shall have adequate space / equipment to cool all food products including but not limited to working space, refrigeration, ice machines, shallow pans etc. CCEH reserves the right to prohibit cooling of potentially hazardous foods if the food facility cannot provide the adequate space / equipment.*

4. List type of foods that will be cooked, cooled and reheated for hot holding in the Mobile Food Facility. Describe cooling process for each food listed. (Please attach additional pages if necessary)

5. Describe/explain when, where and how, utensils will be cleaned and sanitized. Provide type of sanitizer used.

6. Explain how/where mobile food facility will discharge grey water and how/where clean potable will be filled.

B. OPERATING SCHEDULE

- Enroute (operate in different locations throughout the day)
- Operate at temporary events
- Operate at a fixed location (ensure to have restrooms within 200 feet available)
- Other: _____

C. ROUTE INFORMATION

LOCATION: ADDRESS AND/OR CITY	DAYS OF OPERATION	Start Time	End Time
	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Su		
	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Su		
	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Su		
	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Su		
	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Su		
	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Su		

**Note: We must be able to contact you in order to inspect your vehicle. Please contact Contra Costa County Environmental Health Division if any of the information above should change. Failure to provide accurate information may result in permit suspension.*

Print Owner/Operator: _____ Signature: _____ Date: _____



CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION
2120 DIAMOND BOULEVARD, SUITE 100, CONCORD, CA 94520
(925) 608-5500 - (925) 608-5502 FAX
<http://cchealth.org/eh/>
retailfood@cchealth.org

MOBILE FOOD FACILITY (MFF) PERMITTING SELF-CHECKLIST

THE FOLLOWING ITEMS MUST BE SUBMITTED PRIOR TO SCHEDULING THE MOBILE FOOD FACILITY INSPECTION:

FOR NEW MOBILE FOOD FACILITIES (MFFS) ONLY:

- Mobile food facility application and applicable fees
- Photo Identification (ID) - Owner
- Vehicle registration (if applicable)
- Copy of the Menu or list foods that will be sold in Form C #1
- Receipts/Invoices
 - Where food is obtained including wholesalers business name, address and telephone number (for vehicles/carts that sell whole uncut produce and pre-packaged non-potentially hazardous foods only).
- Manager food safety certificate and/or food handler cards
 - For Limited and Unlimited Food Preparation Units
- Outside agency approvals (if applicable)
 - City Temporary Use Permits, Wastewater Disposal Approvals, City and/or County Planning and Zoning Approvals, etc.

PROGRAM ELEMENT (PE) DESCRIPTIONS

Unlimited Food Preparation Unit (PE 0718): Registered motorized vehicle or trailer preparing potentially hazardous foods.

Limited Food Preparation Unit (PE 0708): Units vending limited food preparation only.

Pre-packaged Ice Cream Vehicle (PE 0728): Vehicle vending pre-packaged ice cream and pre-packaged non-PHF items.

Pre-packaged/Ice Cream Push Carts (PE 701-703): Non-motorized unit vending pre-packaged ice cream and/or pre-packaged non-PHF items.

Pre-packaged Non-PHF Vehicle (PE 0738): Vehicle vending (greater than 25 sq feet) pre-packaged non-PHF only (e.g dry foods, candies, chips etc.)

Whole Uncut Produce (PE 0740): Any unit vending (greater than 25 sq feet) Whole Produce only.

Mobile Support Unit (PE 0745): Unit permitted in conjunction with a commissary used to service an MFF to replenish supplies such as food, potable water, dispose of liquid or solid wastes.

Auxiliary Conveyance Unit (PE 0746): Separate unit permitted in conjunction with an MFF such as an approved three-compartment, two compartment or single compartment sink with drainboards or single handwash sink.

Additional Operating Unit (PE 0747): Additional unit operating in conjunction with an MFF such as a mechanical refrigeration unit or additional storage unit.

PHF = Potentially Hazardous Foods

MFF = Mobile Food Facility