MOBILE FOOD FACILITY
ENVIRONMENAL HEALTH PERMIT APPLICATION (Part 2)

Choose One Facility From The List Below And Complete Corresponding Forms					
Type of Facility	**Ice Cream Push Cart**	**Produce Vehicle**	**Ice Cream Truck/Prepackaged Vehicle**	**Hotdog/Churro/Coffee Cart/Shaved Ice**	**Mobile Food Preparation Unit**
Additional forms to complete with application	**1.** Photo ID **2.** Commissary Authorization **3.** Out-of-County Commissary Authorization, ***if applicable***	**1.** Photo ID **2.** DMV Registration **3.** Commissary Authorization **4.** Commissary/ Out-of-County Authorization form, ***if applicable*** **5.** Restroom Authorization **6.** Itinerary **7.** Menu	**1.** Photo ID **2.** DMV Registration **3.** Commissary Authorization **4.** Out-of-County Commissary Authorization, ***if applicable*** **5.** Itinerary **6.** Menu **7.** California State Insignia **8.** Milk and Dairy Certification from California Department of Food and Agriculture, ***if applicable*** **9.** Fictitious Business Name **10.** Food Safety Manager Certification (One for each permit) and Food Handler Cards for employees, ***if applicable***	**1.** Photo ID **2.** DMV Registration **3.** Commissary Authorization **4.** Out-of-County Commissary Authorization, ***if applicable*** **5.** Restroom Authorization **6.** Itinerary **7.** Menu **8.** Food Safety Manager Certification (One for each permit) **9.** California State Insignia ***(not applicable for carts)***	**1.** Photo ID **2.** DMV Registration **3.** Commissary Authorization **4.** Out-of-County Commissary Authorization, ***if applicable*** **5.** Restroom Authorization **6.** Itinerary **7.** Menu **8.** California State Insignia **9.** Fire Inspection **10.** Food Safety Manager Certification (One for each permit) and Food Handler Cards for employees

Vehicle Information	*Vehicle Make, Model & Yr.*	*State of License*	*Vehicle License Number*

Food Safety Manager Certification	*Name of Exam*	*Certificate Number*	*Date of Exam*
	Name of Certified Person		*Expiration Date*

I hereby state, under the penalty of perjury, that the above information is current and true to the best of my knowledge and agree to operate in accordance with the California Health and Safety Code (Division 104, Part 7, Chapter 4).

Signature of Applicant Print Name Date

COMMISSARY LETTER OF AGREEMENT

THIS FORM MUST BE RENEWED/SUBMITTED ANNUALLY

Sections 114295, 114339, and 114341 of the California Retail Food Code require that all Mobile Food Facilities and Annual Temporary Food Facilities operate in conjunction with a commissary, mobile support unit or other facility approved by the local regulatory agency.

THIS SECTION TO BE COMPLETED BY THE MOBILE FOOD FACILITY OWNER

Mobile Food Facility Name_____ FA ID: _____

Facility Mailing Address: _____ City: _____ Zip: _____

Owner Name: _____ Phone: _____

E-Mail: _____ License Plate: _____

_____

Signature Print Name Date

THIS SECTION TO BE COMPLETED BY THE COMMISSARY OWNER

I hereby grant permission for the food facility mentioned above to utilize my health-regulated business (listed below) as a commissary for their mobile food facility. The services governed by Section 114326 of the California Retail Food Code provided for the aforementioned Mobile Food Facility are indicated by my initials below.

☐ **Full Commissary** **OR** ☐ **Food Preparation ONLY** (Wastewater only Commissary must also be signed)

Commissary Facility Name: _____ FA ID: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail address: _____

_____

Signature Print Name Date

THIS SECTION TO BE COMPLETED BY THE COMMISSARY OWNER

I hereby grant permission for the food facility mentioned above to utilize my health-regulated business (listed below) as a commissary for their mobile food facility. The services governed by Section 114326 of the California Retail Food Code provided for the aforementioned Mobile Food Facility are indicated by my initials below.

☐ **Wastewater ONLY** (Food Preparation Only Commissary must also be signed)

Commissary Facility Name: _____ FA ID: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail address: _____

_____

Signature Print Name Date

OFFICE USE ONLY – VERIFICATION OF COMMISSARY

INSPECTOR SIGNATURE: **DATE:**

AUTHORIZATION FOR USE OF RESTROOM FACILITIES

Mobile food facilities shall be operated within 200 feet travel distance of an approved and readily available toilet and hand washing facility to ensure that restroom facilities are available to facility employees whenever the mobile food facility is stopped to conduct business for more than a **one-hour period** (Section 114315(a)).

TO BE COMPLETED BY MOBILE FOOD FACILITY OWNER	
MOBILE FOOD FACILITY NAME	MOBILE FOOD FACILITY ADDRESS
OWNER NAME	OWNER ADDRESS
OWNER PHONE NUMBER	BUSINESS PHONE NUMBER
OWNER EMAIL	
HOURS OF OPERATION	DAYS OF OPERATION

I, _____, owner of the mobile food facility business, declare under penalty of perjury the following: this restroom facility is available for use by myself and my employees. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be so at all times. I further agree to notify Kern County Environmental Health immediately if this agreement is terminated for any reason. I certify that this restroom facility is within a travel distance of _____ feet from my mobile food facility.

TO BE COMPLETED BY RESTROOM FACILITY OWNER		
BUSINESS NAME	FACILITY ID (IF APPLICABLE)	
RESTROOM ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL	
SIGNEE NAME	SIGNEE ROLE IN BUSINESS	

I, _____, manager/owner of the restroom facility located at the address listed above, certify under penalty of perjury the following: I have granted fill permission to the above mentioned mobile food facility owner and employees to use my restroom facility during the mobile food facility hours of operation. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be maintained in this condition at all times. I agree to notify Kern County Environmental Health if this agreement is terminated for any reason.

☐ The mobile food facility specified/named above will relocate at least every one hour and is exempt from restroom authorization requirement.

Signature of **Restroom Facility Owner** Print Name Date

Signature of **Mobile Food Facility Owner** Print Name Date

MOBILE FOOD ITINERARY AND OPERATING SCHEDULE

IMPORTANT: We must be able to contact you to inspect your vehicle. Please contact this Department if any of the information below should change. Failure to provide accurate information may result in permit suspension.

Name of Mobile Food Business:	
Vehicle License Plate Number:	
Mobile Food Vehicle Contact Cell Phone Number:	

Check one of the following boxes:

NOTE: You must obtain the proper business license for **each** location and adhere to the appropriate City and/or County ordinances. Failure to do so may result in fines/penalties not regulated by this department.

☐	I plan to operate in one location. The address where I will operate is:_____ **Complete information (days/times of operation) on next page**
☐	I plan to operate at many locations or on a route. **Complete information (days/times of operation) on next page**

I, the owner/permittee of the Mobile Food Facility noted above, agree to adhere to the following itinerary. I will contact Kern County Public Health Services Department, Environmental Health Division if my itinerary should change. I understand that if I am found to be operating in a location not approved by this department, my Environmental Health Permit will be revoked and I must stop operating until I submit an approved itinerary with corresponding restroom authorization(s).

Signature of Mobile Food Facility Owner/Permittee Print Name Date

ATTENTION: Selling of multiple menu items is subject to approval by Kern County Environmental Health.
ATENCIÓN: Venta de múltiples elementos de menú esta sujeto a la aprobación por Salud Ambiental del Condado de Kern.

Mobile Food Cart Menu

(Menú para Carreta de Alimento Móvil)

Facility Name (Nombre de Instalación):	Facility Address (Dirección de Instalación):

Hot Items (Check all that apply) Artículos Calientes (Marque todos los que aplican)::		
☐ Corn (Elote)	☐ Hot Dogs	☐ Polish Dogs (Hot Dogs Polacos)
☐ Tamales		
☐ Other (Please list) Otro (Listar por favor):		
Condiments (Check all that apply) Condimentos (Marque todos los que aplican):		
☐ Cheese (Queso)	☐ Jalapenos	☐ Ketchup (Catsup)
☐ Mayonnaise (Mayonesa)	☐ Mustard (Mostaza)	☐ Onion (Cebolla)
☐ Relish (Pepinillo)	☐ Salsa	
☐ Other (Please list) Otro (Listar por favor):		
Prepackaged Foods (Check all that apply) Alimentos Pre-enpaquetados (Marque todos los que aplican):		
☐ Candy (Dulces)	☐ Chips (Papitas Fritas)	☐ Churros
☐ Cookies (Galletas)	☐ Popcorn (Palomitas)	
☐ Other (Please list) Otro (Listar por favor):		
Prepackaged Drinks (Check all that apply) Bebidas Pre-enpaquetadas (Marque todos los que aplican):		
☐ Bottled Water (Agua Embotellada)	☐ Canned Soda (Soda Enlatada)	
☐ Other (Please list) Otro (Listar por favor):		
Drinks Permitted for COFFEE CARTS ONLY (Check all that apply) Bebidas Permitidas para CARRETAS DE CAFÉ SOLAMENTE (Marque todos los que aplican):		
☐ Coffee (Café)	☐ Hot Chocolate (Chocolate Caliente)	☐ Tea (Té)
☐ Other (Please list) Otro (Listar por favor):		
Other Food Items (Please list) Otros Productos Alimenticios (Listar por favor):		

I, the owner/permittee of the Mobile Food Cart noted above, agree to adhere to the above menu. I will contact Kern County Public Health Services Department, Environmental Health Division if my menu and/or cooking equipment should change. I understand that if I am found to be operating non-approved cooking equipment and/or am serving food not approved by this department, my Environmental Health Permit will be revoked and I must stop operating until permission to continue operation by this department is received. (Yo, el propietario/titular de la Carreta de Alimento Móvil notada arriba, acuerdo a adherir al menú notado arriba. Me pondré en contacto con el Departamento de Servicios de Salud Pública del Condado de Kern, División de Salud Ambiental si mi menú y/o equipo para cocinar cambiara. Entiendo que si se me encontrara operando equipo de cocina no aprobado y/o sirviendo alimentos no aprobado por este departamento, mi Permiso de Salud Ambiental será revocado y debo dejar de operar hasta que se reciba de este departamento el permiso para continuar con la operación).

Signature of Mobile Food Cart Owner/Permittee Firma de Propietario/Titular de Carreta de Alimento	Print Name Letra de Molde	Date Fecha