

Application for a Mobile Food Facility Health Permit

This application for a Mobile Food Facility (MFF) Health Permit may be submitted only after a Mobile Food Facility Plan Review has been completed and approved by the Kern County Public Health, Environmental Health Division. Applications submitted without plan review approval will not be accepted.

Once plan review approval has been granted, a health permit is required to operate a Mobile Food Facility in Kern County. All Mobile Food Facilities are subject to inspection and must comply with the California Retail Food Code.

General Permit Requirements for All Mobile Food Facilities

The following items must be submitted or presented at the time of your inspection:

- ☐ **Completed application for an Environmental Health Permit.**
- ☐ **A government issued photo identification.**
- ☐ **Business ownership documents:** Fictitious Business Name or LLC or Articles of Incorporation.
- ☐ **Menu or list of foods sold.**
- ☐ **Commissary Authorization:** All MFFs must operate from an approved commissary. MFFs must visit the commissary daily for cleaning, restocking, and waste disposal.
- ☐ **Detailed Itinerary:** A list of all locations, days, and times where the vehicle will operate.
- ☐ **Restroom Authorization:** If the unit remains in one location for more than one hour, you must provide proof of access to an approved restroom - with warm water for handwashing - located within 200 feet.
- ☐ **DMV Registration (if MFF carries a license plate):** Applicant name must match what is listed in the registration, otherwise a signed authorization is required when someone other than the MFF owner applies for a Health Permit. A copy of the owner's government issued photo identification must accompany authorization.
- ☐ **Insignia from Housing and Urban Development (HUD), if operating from inside the vehicle.** Not required if applying for a CMFO permit.
- ☐ **Food Safety Manager Certificate.** Refer to page 3 for details.
- ☐ **Identification Signage:** Business information must be permanently displayed and clearly visible on both sides in a color contrasting with the vehicle. Business information includes:
 - i. **Facility/Business Name:** Letters at least 3 inches high.
 - ii. **City, State, and Zip Code:** Letters at least 1 inch high.
 - iii. **Permittee Name (if different from business name):** Letters at least 1 inch high.

Grounded in Health

Specific Mobile Food Facility Types

Produce Vehicle

- **Foods allowed for sale:** Whole, raw/uncooked produce only.
- **Signage:** Unlike other categories, magnetic signs are permitted.
- **Commissary Authorization:** A commissary is required for the sale of nuts, chilies, seasoning packets, etc.

Ice Cream Pushcart

- **Foods allowed for sale:** Prepackaged ice cream, packaged snack foods, prepackaged candy, prepackaged soft drinks, and bottled water.

Ice Cream Truck OR Prepackaged Mobile Food Vehicle/Trailer

- **Foods allowed for sale:** Prepackaged ice cream, packaged snack foods, prepackaged candy, prepackaged soft drinks, and bottled water.

Shaved Ice OR Hot Dog Cart OR Tamale Unit (motorized)

- **Foods allowed for sale:** Shaved ice, hot dogs, tamales, and approved prepackaged foods.
- **Certification Requirement:** The operator must provide an ANSI approved Food Safety Manager certificate.

Mobile Food Preparation Unit

- **Foods allowed for sale:** Full food preparation (cooking, heating, assembling, and portioning).
- **Certification Requirement:** The operator must provide an ANSI approved Food Safety Manager certificate.

Compact Mobile Food Operation (CMFO)

- **Mobile unit must be non-motorized, unenclosed and have conveyance.**
- **Foods allowed for sale:** As approved by Environmental Health through Plan Review.
- **Certification Requirement:** The operator must provide an ANSI approved Food Handler certificate.

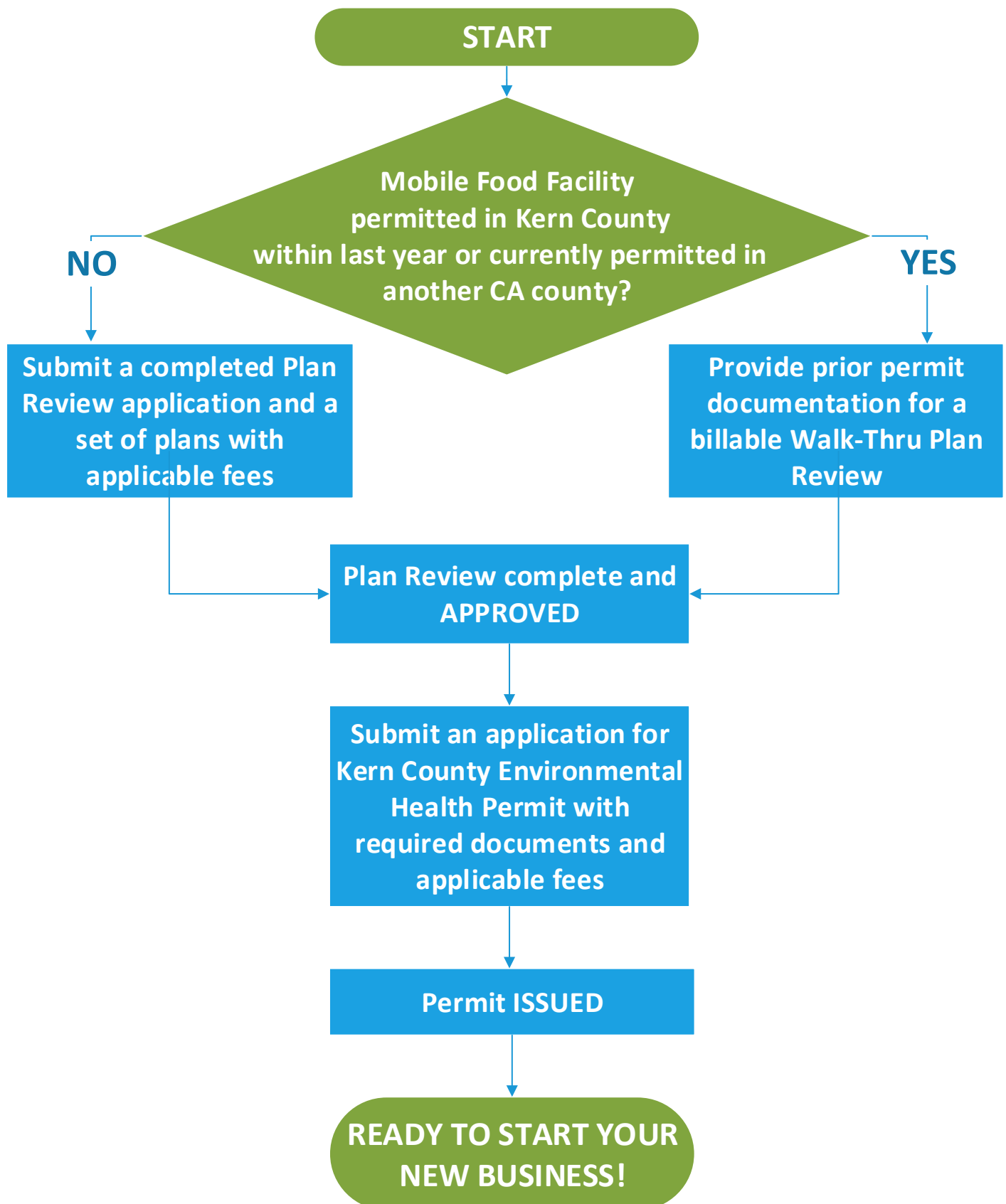
For the most up to date Plan Review and permit fee information, please visit

<https://www.kernpublichealth.com/permitting-compliance/environmental-health-fees>

Permit Requirements by Mobile Food Facility Type

MOBILE FOOD FACILITY TYPES REQUIREMENTS	Produce Vehicle	Ice Cream Pushcart	Ice Cream Truck/Pre- packaged Food Vehicle	Shaved Ice/Hot Dog/ Tamale Motorized Unit	Food Preparation Unit	Compact Mobile Food Operation (CMFO)
Completed Application	X	X	X	X	X	X
Ownership Documents	X	X	X	X	X	X
Commissary Authorization	X	X	X	X	X	X
Restroom Authorization (>1 hr)	X	X	X	X	X	X (unless operated by 2 or more employees)
Itinerary	X	X	X	X	X	X
Completed Food Menu	X	X	X	X	X	X
Copy of Photo Identification	X	X	X	X	X	X
Permanent Signage on Both Sides	X (Magnetic signs ok)	X	X	X	X	X
DMV Registration	X		X	X	X	
Food Safety Manager Certificate				X	X	X (Food Handler Only)
Insignia from HUD			X	X	X	

Mobile Food Facility Permitting Process



ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department
2700 "M" Street, Suite 300, Bakersfield, CA 93301
(661) 862-8740 (phone) (661) 862-8701 (fax) eh@kerncounty.com (email)

☐ New Business	☐ Ownership Change Date: _____ Is business in continuous operation? ☐ Yes ☐ No Are you making any changes to menu, operations, equipment, or building? ☐ Yes ☐ No	☐ Information Change Date: _____
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Type of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

Check all that apply:	☐ Food Facility	☐ Swimming Pool	☐ Hotel/Motel: Total Number of Rooms _____
	☐ Mobile Food Facility	☐ Spa Pool	☐ Water System-Food Facility
	☐ Commissary	☐ Wading Pool	☐ Tobacco Retailer: BOE# _____

OWNER INFORMATION

Owner Name:					
Owner Address:					
City:		State:		Zip:	
Home Phone:	()	Business Phone:	()	Fax:	()
Partner(s)/Corp Name:					
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	

FACILITY/BUSINESS INFORMATION

Facility Name (DBA):					
Address:					
City:		State:		Zip:	
Phone:	()	Alternate phone:	()	Fax:	()
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
Water Provider					

BILLING INFORMATIONMailing Address for invoice to renew annual permit: ☐ Business Mailing Address ☐ Owner Address ☐ Other (write info below)

If you checked other, what is the address? _____

Care of: _____

Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

Signature of Applicant_____
Print Name_____
Date

PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.
PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.

TOBACCO RETAIL TRAINING	FOR OFFICIAL USE ONLY			
	Program ID	PE	Date Mailed	Facility ID
☐ Permit Approved by REHS	Previous Owner ID	New Owner ID	Map #	Service Request #
Signature:	Total Fees Paid	Received By	Date Paid	Accounting ID

Mobile Food Menu, Page 2

(Menú para Unidad Móvil)

Condiments (Check all that apply) Condimentos (Marque todos los que aplican):		
☐ Cheese (Please List) Queso (Listar por favor):		
☐ Guacamole	☐ Ketchup (Catsup)	☐ Mayonnaise (Mayonesa)
☐ Mustard (Mostaza)	☐ Nacho Cheese (Queso para Nachos)	☐ Pickles (Pepinillos)
☐ Relish (Pepinillo)	☐ Salsa	☐ Sour Cream (Crema)
☐ Other (Please list) Otro (Listar por favor):		
Prepackaged Foods (Check all that apply) Alimentos Pre-empaquetados (Marque todos los que aplican):		
☐ Candy (Dulces)	☐ Chips (Papitas Fritas)	☐ Cookies (Galletas)
☐ Other (Please list) Otro (Listar por favor):		
Other Snacks (Check all that apply) Otros Aperitivos (Marque todos los que aplican):		
☐ Churros	☐ Ice Cream (Helados)	☐ Popcorn (Palomitas)
☐ Shaved Ice (Raspados)	☐ Soft Serve Ice Cream (Helado Blando)	
☐ Other (Please list) Otro (Listar por favor):		
Drinks (Check all that apply) Bebidas (Marque todos los que aplican):		
☐ Bottled Water (Agua Embotellada)	☐ Canned Soda (Soda Enlatada)	☐ Champurrado
☐ Coffee (Café)	☐ Horchata	☐ Hot Chocolate (Chocolate Caliente)
☐ Tea (Té)		
☐ Other (Please list) Otro (Listar por favor):		
Produce/Fruit Vehicle (Please list) Vehículo de Produce/Fruta (Listar por favor):		
NOTE: If selling food other than whole produce (i.e., nuts, seasoning, etc.) a commissary form is required.		
NOTA: Si la venta de alimento aparte de producto entero (es decir, nueces, condimentos, etc.) se requiere una forma de la Comisaría.		

I, the owner/permittee of the Mobile Food Preparation Unit 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 Unidad de Preparación 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 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 Unit Owner/Permittee

Print Name

Date

Commissary Use Agreement

This Form Must Be Renewed and Submitted Each Year at the Time of Permit Renewal

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

Environmental Health Staff:

Date:

Mobile Food Itinerary and Operating Schedule

Important: We must be able to contact you to inspect your vehicle. Please contact this Division 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 all required permits for **each** Mobile Food Facility 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 may 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

List All Days, Times, and Locations of Operation

(Attach additional pages if necessary. See example.)

If location(s) of operation changes, you must inform our office by calling (661) 862-8740.

[illegible]

Authorization for Employee Use of Restroom Facilities

Mobile food facilities shall be operated within 200 feet of 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 **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	License Plate #
Hours Of Operation	Days Of Operation

I, _____, owner of the mobile food facility business, declares 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 full 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.
- ☐ The Compact Mobile Food Operator (CMFO) specified/named above will always have at least 2 employees on site and is exempt from restroom authorization requirement.

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