



SECTION A

Department of Health and Human Services, Environmental Health Division

Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300

Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

APPLICATION FOR MOBILE FOOD FACILITY OR CATERER PERMIT

Mobile Food Facility - Fill out sections A, B, D, E, F

Caterer - Fill out sections A, C, D

Update Information Change of Owner Business Name Change New Business

Submit completed application to business@placer.ca.gov. Incomplete applications may slow the review and approval process. Applicants submitting via email will receive an emailed copy of their invoice for the health permit fee. Current fee information is available online at https://www.placer.ca.gov/3245/Permits-Forms-Fees.

All fees are due and must be paid prior to inspection and permitting.

After review and approval of your application packet, a Specialist will contact you to schedule an inspection, to be performed at either the main Environmental Health office in Auburn or the satellite office in Tahoe City, depending on your location.

OWNER DETAILS:

Name: Mailing Address: Cell Phone: Business Name: Website: Name on Food Safety Certificate: Expiration Date:

Attach copy of food safety certificate

MOBILE FOOD FACILITY DETAILS:

Owner/Applicant Driver's License #: Vehicle Year: Make: License Plate #: Type of Food Served: CA HCD Insignia #:

Note: All enclosed MFF's which are to be occupied while in use (taco trucks, full prep vehicles) are required to pass CA HCD inspection prior to issuance of a Health Permit.

Per California Retail Food Code Section 114387, operation of a food facility in Placer County without a valid permit issued by this office may result in closure of the facility and penalty fees of up to three times the original permit fee. I certify that I am familiar with the laws pertaining to food service as stated in the California Retail Food Code and agree to operate in a manner consistent with those laws.

Owner Name Printed:

Owner Signature: Date:

For Office Use Only OW FA PR PE SR



SECTION B

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MOBILE FOOD FACILITY OPERATIONAL PROCEDURES

MFF Owner Name: _____ MFF Business Name: _____

List of Menu Items (Include beverages and condiment.)	Place of Preparation Ex: Commissary, restaurant, CFO, etc.	Method of Preparation Ex. Heating, cooling, cooking, holding, boiling, frying, thawing, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How and where will food and supplies be stored? (Include photos, if possible) _____

Type of sanitizer used: 100 ppm Chlorine (bleach) 200 ppm Quaternary Ammonia 25 ppm Iodine
Always provide correct test strips during operation.

When will you report to commissary? Before starting work only Before and after work

Power supply:
Generator Inverter with Batteries to _____ engine alternator or _____ second/dedicated alternator

Electrical Outlet Other _____

What will you do with food left at the end of the day? _____

How and where will potable water tank(s) be filled? _____

How will potable water tank(s) be cleaned and sanitized? _____

How and where will waste water tank be emptied and cleaned? _____

___ I certify that all foods used are from approved sources and that no foods will be stored or processed in a private home (unless it is an approved CFO facility). Foods will be stored, processed, and transported so as to be kept free from contamination and foods will be held at proper temperatures at all times.

___ All food staff will have required Food Safety Certification or Food Handler Card as applicable.

___ I agree that the above information is true and that I will follow these procedures.

___ I will notify Placer County Environmental Health as to any changes in my operation.

___ A copy of these procedures must be kept in the facility during hours of operation. Any change of commissary, procedure, menu and/or equipment will require prior approval from Environmental Health.

Owner Name Printed: _____

Owner Signature: _____

Date: _____



SECTION C

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CATERER OPERATIONAL PROCEDURES

Owner Name: Business Name:

Type of Service: (check all that apply) Delivery only Delivery + set up Full service from start to finish
Attach a copy of the menu.

Are any foods provided by a Cottage Food Operation (CFO)? Yes No If yes, provide CFO Name and permit or registration number

Are any processed foods manufactured, packed, or held for distribution? Yes No

How and where will food and supplies be stored?

Type of sanitizer used: 100 ppm Chlorine (bleach) 200 ppm Quaternary Ammonia 25 ppm Iodine
Always provide correct test strips during operation.

Does food prep include thawing and/or cooling? Yes No If yes, please describe process

Does food prep include cooking and/or barbequing? Yes No If yes, please describe process

Does food prep include reheating? Yes No If yes, please describe process

How are you transporting PHFs and holding at proper temperatures (<=41F >=135F)?

List equipment and utensils that will be used (cold and hot holding, buffet, etc.)

Will staff be serving food or buffet style by customers? Staff Serving Buffet Style If Buffet Style, how will food be protected from customers coughing/sneezing?

(Check all)

I have read and understand the handouts found at https://www.placer.ca.gov/3338/Catering: 1) Caterer and Cook-for-Hire Definitions, 2) Catering Guidelines, 3) Steps in Obtaining a Catering Permit.

I certify that all foods used are from approved sources and that no foods will be stored or processed in a private home (unless it is an approved CFO facility). Foods will be stored, processed, and transported so as to be kept free from contamination and foods will be held at proper temperatures at all times.

All food staff will have required Food Safety Certification or Food Handler Card as applicable.

I agree that the above information is true and that I will follow these procedures.

I understand that I must submit a completed Host Facility Caterer Standard Operating Procedures to Environmental Health for review before I operate at a permitted Host Facility

I will notify Environmental Health as to any changes in my operation.

Owner Name Printed:

Owner Signature: Date:



SECTION D

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COMMISSARY VERIFICATION

for MOBILE FOOD FACILITY(MFF), MOBILE SUPPORT UNIT (MSU) and CATERER

MFF/MSU/CATERER DETAILS: (Check all that apply)

MFF - full food preparation MFF - limited food preparation MFF - pre-packaged only MSU Caterer

I certify that my MFF/MSU/Catering operation will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted below) (Cal Code Section 114297). I will store the vehicle and/or equipment at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify Environmental Health and obtain a current permit to operate.

MFF/MSU/Caterer Owner Name Printed: Business Name:

MFF/MSU/Caterer Owner Signature: Date:

COMMISSARY DETAILS: To be completed by commissary representative.

Type of Facility: Commissary Restaurant Market Other

Business Name: Business Phone:

Owner Name: Owner Phone:

Business Address:

Business Contact Name: Contact Phone:

Agency Issuing Permit for Commissary: (If out of county, please attach a copy of current health permit)

I hereby declare that (MFF/MSU/Caterer Owner) @ (DBA)

has my permission to use my approved commissary, (Commissary dba name)

My commissary is well maintained and in compliance with the requirements of Cal Code and will provide the MFF/MSU/Caterer the following approved facilities and services: (check all that apply)

- Storage of food, utensils & other supplies
Hot/cold water under pressure for cleaning and sanitizing
Storage of MFF or MSU when not in use
Potable water for filling water tanks
Sanitary disposal of garbage and liquid wastes
Equipment is NSF approved (walk-in coolers, freezers, etc)
Electrical outlets/ hook-ups (when required)
Space for sanitary food preparation
Janitorial sink, restroom, utensil washing, and hand washing facilities with single service soap and paper towels in dispensers
Maintain daily log sheet (check in/out) signed by commissary owner to verify MFF/MSU/ Caterer daily use of facility. (MFF/MSU/Caterer must be able to provide records of use of commissary when requested).

I, commissary owner, agree to notify Placer County Environmental Health if the above mentioned MFF/MSU/CATERER has discontinued its commissary use or has not utilized this commissary per operational requirements. I certify under penalty of perjury that I am the legal owner/operator of this food facility and abide by the contents of this letter. I am aware that my Food Facility Health Permit as a commissary may be jeopardized if found to be in violation of this permit application.

Commissary Owner Name Printed:

Commissary Owner Signature: Date:

For Office Use Only Current health permit available? Yes No Current inspection report available? Yes No
Approved Denied REHS: Date



SECTION E

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MOBILE FOOD FACILITY ROUTE SHEET

A copy of your approved route sheet must be kept on your vehicle at all times

MFF Business Name: _____ License Plate #: _____

MFF Operator Name: _____ Operator Cell Phone #: _____

Please list your current route information/location of operation in the spaces provided below:

*Attach additional sheet(s), if needed.

	Location/Address w/city and zip code:	Days of Operation:							Start Time:	End Time:
		M	T	W	Th	F	Sa	Su		
1.	<u>COMMISSARY</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10.	<u>COMMISSARY**</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

My current route information/location of operation is also posted on our website.

**If you do not return to your commissary at the end of the day (box 10), please explain why: _____

NOTE: Additional agency approval may be required for the MFF operating locations (i.e code enforcement, zoning/planning). If you are going to park your MFF at one location for longer than one hour, you must complete PART F, Restroom Verification.

I understand and agree that if I make changes to my route or business location, I must notify Placer County Environmental Health within 30 days.

Owner Name Printed: _____

Owner Signature: _____ Date: _____

For Office Use Only	FA _____	PR _____
Received by: _____	Approved on: _____	



SECTION F

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MOBILE FOOD FACILITY RESTROOM VERIFICATION

An approved restroom facility must be available for employee use within 200 from MFF site.

MFF Owner Name: _____ MFF Business Name: _____

EVERY LOCATION MFF WILL BE PARKED FOR MORE THAN ONE HOUR:

Location 1/Physical Address: _____

Location 2/Physical Address: _____

Location 3/Physical Address: _____

Location 4/Physical Address: _____

BUSINESS/PROPERTY OWNER PROVIDING RESTROOM FACILITY:

The undersigned property owner(s) hereby grant full permission to the above mentioned MFF to use said restroom during MFFs business hours. It is the property owner's understanding and responsibility that the toilet facility shall be maintained clean and sanitary with adequate supplies of soap and paper towels at all times.

Location 1:

Owner Name: _____ Business Name: _____

Mailing Address: _____

Cell Phone: _____ Alternate Phone: _____ Email: _____

Owner Signature: _____ Date: _____

Location 2:

Owner Name: _____ Business Name: _____

Mailing Address: _____

Cell Phone: _____ Alternate Phone: _____ Email: _____

Owner Signature: _____ Date: _____

Location 3:

Owner Name: _____ Business Name: _____

Mailing Address: _____

Cell Phone: _____ Alternate Phone: _____ Email: _____

Owner Signature: _____ Date: _____

Location 4:

Owner Name: _____ Business Name: _____

Mailing Address: _____

Cell Phone: _____ Alternate Phone: _____ Email: _____

Owner Signature: _____ Date: _____