



MOBILE FOOD FACILITY ROUTE SHEET

A copy of your Approved Route Sheet must be kept on your vehicle at all times

Name of Mobile Food Facility: \_\_\_\_\_ License plate #: \_\_\_\_\_

Name of operator: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

\*Attach additional sheet if needed.

Table with columns: Location/Address w/city and zip code, Days of Operation (Mon-Sun), Start Time, End Time. Rows 1-10 with 'COMMISSARY' and 'COMMISSARY\*\*' entries.

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY table with columns FA and PR, and rows Received/Reviewed by and Approved on.