



Placer County Health and Human Services Department

SECTION A

APPLICATION FOR:

- Mobile Food Facility Permit Only – Fill out Sections A, B, D, E, F
 Caterer Registration – Fill out sections A, C, D

- Update Information Change of Owner Business Name Change New Business

Please fill out application in entirety. Failure to do so may slow the review and approval process or result in denial of application. After review of your application packet a Specialist will contact you to schedule an initial inspection, to be performed at either the main Environmental Health office in Auburn or the satellite office in Tahoe City, depending on your location. All fees are non-refundable and may be paid via cash, credit card, cashier's check or money order at the time of inspection. Contact us for current fee information.

BUSINESS OWNER INFORMATION		
Owner's Name:	Email Address / Website / Social Media:	
Mailing Address	City, State, Zip	
Cell Phone#	Business/Alternate Phone#	
Business Name:	Food Safety Certificate: (ATTACH COPY) Name on Certificate: Expiration Date:	
MOBILE FOOD FACILITY VEHICLE INFORMATION		
Owner/Applicant Driver's License #:	Vehicle Year & Make:	Vehicle License Plate #
California HCD insignia #:	<i>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</i>	
Type of Food Served from Vehicle: <i>*Please review Classifications & Requirements Handout</i>		
<input type="checkbox"/> Prepackaged Food Only <input type="checkbox"/> Limited Food Preparation <input type="checkbox"/> Full Food Preparation		
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'S SIGNATURE: _____ DATE: _____		

FOR OFFICE USE ONLY:				
Amount Paid \$:	Date Paid:	Receipt #:	Check #:	CC Auth #
OW _____	FA _____	PR _____	PE _____	INV _____
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			R.E.H.S. Signature: _____	DATE: _____



MOBILE FOOD FACILITY OPERATIONAL PROCEDURES

Owner's Name: Business Name:

Table with 3 columns: List of menu items, Place of Preparation, Method of Preparation

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

»Type of sanitizer used :(Check one) [] 100ppm Chlorine (bleach) [] 200ppm Quaternary Ammonia [] 25ppm Iodine

»When will you report to commissary? (Check one) [] Before starting work only [] Before & after work

»Power Supply: (Check one) [] Generator [] Inverter with batteries to: [] Engine Alternator or [] Second/dedicated Alternator

»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... 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.

Print Name: Signature: Date:



CATERER OPERATIONAL PROCEDURES

Owner's 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)? (Circle one) Yes or No

If yes, provide CFO Name & permit or registration number _____

»Are any processed foods manufactured, packed, or held for distribution? (Circle one) Yes or No

If yes, contact the California Department of Public Health Food and Drug Branch (CDPH FDB) for possible Processed Food Registration (PFR) and/or Cannery License requirements. Verification from CDPH FDB in writing will be required prior to any approvals by this office.

»How and where will food and supplies be stored? _____

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

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

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

»Does food prep include reheating? Yes or No. If yes please describe process. _____

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

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

»Will staff be serving the food or buffet style by customers? (Circle one) Yes or No, If buffet style, how will food be protected from customers coughing, sneezing? _____

- (Check all) [] I have read and understand the handout defining a Caterer vs. a Cook-for-Hire. [] I have read and understand the Catering Guideline handout. [] I have read and understand the Steps to Obtain a Catering Permit handout. [] 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 Environmental Health as to any changes in my operation.

Print Name: Signature: Date:



Placer County Health and Human Services Department

SECTION D

COMMISSARY VERIFICATION FORM for MOBILE FOOD FACILITY (MFF), MOBILE SUPPORT UNIT (MSU), and CATERER (Attach original with your Food Facility Health Permit Application)

MFF/MSU CLASSIFICATION or CATERER: (check all that apply)

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

OWNER (MFF/MSU/CATERER) INFORMATION:

Name: _____ Business Name: _____

*I, the above-mentioned MFF/MSU/Caterer Owner 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.***

Signature of (MFF/ MSU/Caterer) Owner

Date

COMMISSARY INFORMATION: (to be completed by commissary representative)

Type of Facility: Commissary Restaurant Market Other _____

Commissary Business Name: _____ Phone/Mobile: _____

Commissary Owner Name: _____

Commissary Address: _____ City: _____ Zip: _____

Commissary Contact Name: _____ Phone number _____

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):

- | | |
|--|---|
| <input type="checkbox"/> Storage of food, utensils & other supplies | <input type="checkbox"/> Hot and cold water under pressure for cleaning and sanitizing |
| <input type="checkbox"/> Storage of MFF or MSU at the end of the day or when not in use | <input type="checkbox"/> Potable water for filling water tanks |
| <input type="checkbox"/> Sanitary disposal of garbage and liquid wastes | <input type="checkbox"/> Equipment are NSF approved (walk-in coolers, freezers, etc...) |
| <input type="checkbox"/> Electrical outlets/ hook-ups for MFF's that require electrical service | <input type="checkbox"/> Space for sanitary food preparation |
| <input type="checkbox"/> Janitorial sink, restroom, utensil washing, and hand washing facilities with single service soap and paper towels in dispensers | |
| <input type="checkbox"/> 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 by enforcement agency). | |

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.

Print name

Signature

Date

OFFICIAL USE ONLY:

Current Health Permit Available: YES or NO

Current Inspection Report Available: YES or NO

Approved Denied

REHS: _____ Date: _____



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 10 rows and columns for Location/Address, Days of Operation (Mon-Sun), Start Time, and End Time. Row 1 contains 'COMMISSARY'.

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 for FA and PR, and rows for Received/Reviewed by and Approved on.



MOBILE FOOD FACILITY RESTROOM VERIFICATION

An approved restroom facility must be available for employee's use within 200 feet travel distance from MFF site. Include EVERY LOCATION in which MFF will be parked for more than one (1) hour.

MFF Owner	
Owner's Name:	Business Name:
Location/Address 1:	
Location/Address 2:	
Location/Address 3:	
Location/Address 4:	

Business/Property Owner(s)		
<p><i>The undersigned Property Owner(s) hereby grant full permission to the above mentioned MFF to use said restroom during MFF's 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.</i></p>		
Location 1	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
	Email:	
	Signature:	Date:
Location 2	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
	Email:	
	Signature:	Date:
Location 3	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
	Email:	
	Signature:	Date:
Location 4	Owner's Name:	Cell Phone:
	Mailing Address:	Alternate Phone:
	Email:	
	Signature:	Date: