

Approved to pay _____
 Date _____

PART A

Application for: Mobile Food Facility Permit Only - Fill Out Parts A, B, D, and E of this packet
 Caterer Registration/Retail Delivery Vehicle Permit - Fill Out Parts A, C, D and E of this packet

Type of Service: New Permit/Registration** Change of Ownership** Prepaid Renewal Consultation**

Submit applications and, if applicable, application fees to this office in-person, by mail,
 or fax to 510-337-9134.

FOR OFFICE USE ****NEW PERMIT/REGISTRATION, CHANGE-OF-OWNERSHIP, & CONSULTATIONS****

SR#	Amt Rec'd \$	Date Rec'd:	Rec'd by:
FA#	PR#		

****Before scheduling an inspection....** A \$162 **non-refundable** application/service fee is due (cash, credit card, cashier's check or money order) for new permits, registrations or consultation services. Inspection staff will contact you via phone or email to schedule an appointment to inspect your vehicle/cart/trailer and/or to discuss your business plan. You will need to provide the SR# listed above to make an appointment. Appointment cancellations must be received 24 hours ahead of the scheduled appointment by leaving a message at 510-567-6810. **Permit Fees will be due the day of your appointment.**

BUSINESS OWNER/APPLICANT NAME (Last Name, First & Middle)	EMAIL ADDRESS
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MAILING ADDRESS	CITY, STATE, ZIP
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CELL PHONE#	BUSINESS/ALTERNATE PHONE#	FAX#
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BUSINESS NAME:	Food Safety Certificate – (ATTACH A COPY TO THIS APPLICATION) Exp Date: Issued to:
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Vehicle Owner Name: (ATTACH A COPY OF THE CURRENT REGISTRATION CARD)	Vehicle Identification Number(VIN):
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Vehicle License Plate#	Vehicle Year & Make	Owner/Applicant's Driver License#
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Describe your business (e.g., assembling/serving hot dogs from a cart, preparing/serving food on a catering truck, preparing/delivering box lunches to a business meeting, etc.):

Circle the Cities within Alameda County where you plan to operate:
 Alameda Albany Dublin Emeryville Fremont Hayward Livermore Newark Oakland Pleasanton San Leandro San Lorenzo Union City Unincorp/Alameda County

BUSINESS OWNER/APPLICANT – SIGNATURE X	POSITION / TITLE	DATE
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FOR OFFICE USE ONLY: Check all that apply, and submit 5102 to Finance for invoicing of Permit Fees

Mobile Food Preparation: <input type="radio"/> 1830: Enclosed Truck or Trailer Limited Mobile Food Cart (4-sinks): <input type="radio"/> 1804: Kiosk/Multi Unit Cart <input type="radio"/> 1808: CRFC Cooking Cart _____ <input type="radio"/> 2101: Minor Plan Check	Restricted Mobile Food Cart 1-sink: <input type="radio"/> 1802: Hot dogs <input type="radio"/> 1803: Tamales <input type="radio"/> 1807: Misc MFF <input type="radio"/> 1805: Prepack Ice Cream Truck <input type="radio"/> 1822: Prepack Ice Cream Cart	Other: <input type="radio"/> 1809: Caterer Registration <input type="radio"/> 1812: Produce <input type="radio"/> 1813: Bakery <input type="radio"/> 1817: Misc Prepack MFF <input type="radio"/> Other PE: _____ : _____
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Application/Consultation/Re-inspection Fee: \$162 Commissary/Commercial Kitchen Investigation: \$162

Application: Approved Denied REHS Signature: _____ Date: _____

MOBILE FOOD FACILITY PERMITTING CHECKLIST

RENEWAL APPOINTMENT

HOTLINE: 510-567-6810

Please attach the following required documents to your permit application:

- Completed Alameda County Mobile Food Unit Application (this packet) with required fees, attachments and approvals (to download this form go to http://www.acgov.org/aceh/food/mobile_food_units.htm)
- Menu (Proposed or Current)
- PART D – Commissary Commercial Kitchen Agreement and permit issued by local County Health Department and/or copy of applicable State or Federal Registration/License(s)*
- Current** Food Safety Certificate of Person in Charge of food safety management
- Current DMV Registration
- Valid Driver License
- Seller's Permits from Board of Equalization
- Business License(s) from City(s) of operation

Additional documents/items that may be required depending on type of permit:

- Business Plan and Standard Operating Procedures (required for caterers, espresso and cooking cart/kiosk applicants)
- Certification from State Dept. Housing & Community Development (required on all enclosed mobile food facilities)
- Copy of Processed Food Registration from State Food and Drug Branch* <http://www.cdph.ca.gov/programs/Pages/FDB%20ProcessedFoods.aspx>
- State Canning Registration* <http://www.cdph.ca.gov/programs/Pages/fdbCAN.aspx>
- Milk Handlers License, Milk Product License, or Soft Serve Machine License issued by Dept. of Food and Agriculture, Milk and Dairy Branch* http://www.cdfa.ca.gov/ahfss/Milk_and_Dairy_Food_Safety/Milk_Product_Licenses.html#Frozen
- License issued by the USDA or State Meat, Poultry, and Egg Safety Branch* <http://www.cdfa.ca.gov/ahfss/mpes/index.html>
- Copy of Alameda County issued Cottage Food Operator Permit/Registration*
- Copy of HACCP or other applicable food safety program
- Sampling Plan if you intend to provide samples of your product to the consumer
- Example of labels and packaging that will be used on prepackaged products
- Cold or hot holding equipment that will be used to maintain required holding temperatures for potentially hazardous foods during transit and at point of service
- Copy of current liability insurance policy coverage summary page for the existing/proposed food service business

To avoid delays and cause for re-inspection and associated extra fees on catering trucks/trailers and carts, please bring your unit ready to pass inspection. Have all equipment clean and in working order.

Double check:

- Are your refrigeration units, steam table, and warming oven turned on and adequately chilled or heated?
- Is there adequate volume and pressure of Hot and Cold Water supplied to hand and utensil washing sinks?
- Is there liquid soap and disposable paper towels supplied in clean dispensers at the hand sink?
- Is there a properly mounted, up-to-date B/C rated Fire Extinguisher readily accessible?
- Do you have a well-stocked, up-to-date First Aid Kit?
- Is the exterior signage up-to-date on the truck/trailer (both sides) or cart (consumer side) that includes: Business Name, City, State and Permit Holder's Name?

For Information: Ph:510-567-6700 • En Español: 510-567-6717

FAX: 510-337-9134 • Website: <http://www.acgov.org/aceh/index.htm>

State Dept. of Housing & Community Development: 916-255-2501

MOBILE FOOD FACILITY OPERATING INFORMATION

Complete all numbers on this page if food is served directly from your mobile food unit

MENU (ATTACH A COPY OF THE MENU OR WRITE IN THE SPACE PROVIDED):

<p>PART B</p> <p>Approval Date: _____</p> <p>Approved By: _____</p>
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1. Food served from the mobile food unit is stored at (check all that apply):

- Commissary – Have Commissary fill out PART D, section 1 or 2
- Commercial Kitchen – Have Commercial Kitchen fill out PART D, section 1 or 2
- Other (describe): _____

2. Where do you dispose of the dirty water from your waste tanks?

- Commissary – Have Commissary fill out PART D, section 1 or 2
- Other (describe): _____

3. Where do you wash your mobile food facility?

- Commissary – Have Commissary fill out PART D, section 1 or 2
- Other (describe): _____

4. Type of Business Operation (check all that apply, and then **MUST COMPLETE ROUTE SHEET PART E)**

- Drive a Route Operate in one location: (check one) With Generator With Plug-in Agreement (see box below)
- Operate at Temporary Event(s) Other (describe): _____

NOTE: An independent power source and mechanical air circulation is required to operate refrigeration units that store potentially hazardous foods on the mobile food facility.

5. How is the Refrigeration currently being powered on the mobile unit when it is in-service and away from the commissary? (check all that apply)

- GENERATOR INVERTER WITH BATTERIES TO: Engine Alternator or Second/dedicated Alternator
- ELECTRICAL OUTLET (MUST complete Electrical Outlet/Plug-in Agreement below)
- Other (describe): _____

ELECTRICAL OUTLET – “PLUG-IN” & RESTROOM AGREEMENT

Owner/Applicant of _____ (Name of Mobile Food Unit Business)

Has access and permission to use electrical outlet(s) and restrooms with hand washing facilities for food handlers at _____ (“Plug-in”/Restroom location/property address) During the

following days/times: DAYS (circle) SU M TU W TH F SA TIME: From _____ to _____

Property Owner/Manager: (print name) _____ Cell# _____

Property Owner/Manager (Signature): X _____

➔ If using multiple facility locations for food preparation and wash down/liquid waste disposal /overnight parking for the mobile food unit, have each facility fill out the appropriate Commissary Agreement – PART D (Section 1: INSIDE Alameda County Jurisdiction) or Section 2: OUTSIDE Alameda County Jurisdiction including the City of Berkeley).

Catering Business Registration

PART C

Complete this page if food is prepared in a permitted facility, delivered, and served at an activity/event, such as a wedding, a party, a banquet, etc.

Approval Date:
Approved By:

MENU (Attach a copy of the menu or write in the space provided below)

Attach a Business Plan that includes: types of food prepared; methods of food preparation; methods of food transportation; and types of functions to be catered.

Name and location of permitted food facility where the proposed catering operation, i.e., food preparation and storage, will occur. Complete Part D, Section 1 (if located in Alameda County) and Section 2 (if located Out-of-County including the City of Berkeley)

Facility Name:	
Facility Street Address:	Facility City/Zip:
Facility Contact Name:	Facility Contact Phone #:

1. Where do you store cold foods at the facility?

2. List equipment used to maintain hot foods at or above 135°F in transit and in-service?

3. List equipment used to maintain cold foods at or below 41°F during transport and in-service?

4. List equipment that will be used to provide food zone protection from customers?

5. Where will equipment and customer multi-use utensils be washed, rinsed, sanitized, and stored when not in use?

COMMISSARY / COMMERCIAL KITCHEN AGREEMENT

EACH facility that provides services listed below must fill out a separate PART D

of Pages Submitted for Part D = _____

PART D

Download extra copies at
<http://www.acgov.org/aceh/index.htm>

Section 1: In addition to Section 1, please Complete Section 2 if the Commissary/Commercial Kitchen is located outside of Alameda County.

Commissary / Commercial Kitchen – Name (Facility ID# _____)	Owner Name or Person in-charge _____
Street Address _____	City & Zip Code _____
Cell Phone# _____	Alternate Phone# _____ FAX# _____

Approximate **Arrival Time** : _____ **Return Time** at end of business day: _____

I, (Facility Owner/ Manager) _____ agree to provide the following services to the Applicant:

(☒ Check ALL that apply)

<input type="checkbox"/> Food Preparation Space <input type="checkbox"/> Vehicle and/or Cart Washing Area Sufficient Designated Storage space: <input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry/Bulk Storage <input type="checkbox"/> Protected Source of water supply is available for each mobile unit <input type="checkbox"/> Other service(s) not listed above: _____	<input type="checkbox"/> Utensil Washing Area <input type="checkbox"/> Hot & Cold water available Waste water disposal method: <input type="checkbox"/> Mop Sink <input type="checkbox"/> Wash Pad Overnight Storage equipped with Electrical Power : <input type="checkbox"/> Vehicle <input type="checkbox"/> Cart (Note: Cart must be stored under covered area) Sanitary disposal of: <input type="checkbox"/> Grease/oil <input type="checkbox"/> Garbage
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I, (Manager/Owner) _____, authorize, (Applicant Name) _____
 with Mobile Facility Lic. Plate#: _____ the use of my facility as
 (Check all that apply) Commercial Kitchen Commissary Disposal of Liquid Waste Overnight Storage

Pursuant to California Retail Food Code, Chapter 10. I will **notify** Alameda County Environmental Health in writing upon termination of this agreement and/or when the operator no longer uses this facility, in compliance with public health regulations. *Note: A NEW agreement is required at Health Department's yearly renewal of Permit.

X _____
 Facility's Owner/Manager (Signature) _____
 Date (mm/dd/yyyy)

Section 2: Only Complete the section below if your Commissary/Commercial Kitchen is located OUTSIDE of Alameda County (INCLUDING Berkeley)

Out-of-County Health Department Food Vendor Verification for Use of Commissary/ and or Commercial Kitchen Services

For facilities located outside of Alameda County (including Berkeley), the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit by signing below. The establishment is in _____ County.
 The facility indicated in **Section 1** above meets the California Retail Food Code: Section 114294 – 114297. Multiple PART D sheets should be submitted and approved if services are provided at multiple locations. The checked (☒) items listed above are available at the proposed facility.

_____, REHS# _____	_____
Out of County REHS Name & Registration Number (Please Print)	Contact Phone Number
_____/_____/_____	_____
Out of County REHS's Signature & Date	E-mail Address

MOBILE FOOD FACILITY ROUTE SHEET

Alameda County Department of Environmental Health
 (510) 567-6700 - www.acgov.org/aceh/index.htm

PART E
 Download extra copies at
<http://www.acgov.org/aceh/index.htm>

Operator is **required** to re-submit this form within 30 days of any changes made.

Date: _____
 Approved By: _____

Name of Mobile Food Facility: _____	
Program/Facility ID #: _____	License Plate #: _____

Please list your current route information/location(s) of operation (in Alameda County) in the spaces provided below.

Location(s)/Temp Event(s) Address, w/City and Zip	Days of Operation							Start Time	End Time
	M	Tu	W	Th	F	Sat	Sun		
1. _____	<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. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

In addition, my current route information/location of operation is posted on our Website: _____

*Revised route information may be provided by Fax: (510) 337-9134 or by mail to:
 1131 Harbor Bay Pkwy, Alameda, CA 94502-6577*

I understand that and agree that if I make any changes to my route or business location, I must notify the Environmental Health Department (EH) within 30 days. I further understand that failure to notify EH of any changes may result in the suspension or revocation of my Health Permit to operate as a Mobile Food Facility.

Name of Owner/Operator: _____ **Signature:** _____

Note: The telephone numbers below must be mobile phone numbers for the PIC. If we cannot find you using the information provided above, our inspectors will use these phone numbers to find your truck for inspection. Please ensure we can reach the you.

Mobile Ph #: _____ **Alt Mobile#:** _____ **Date:** _____

OFFICE USE ONLY

CONFIDENTIAL: The information provided above is not a public record and must not be copied, faxed, reviewed or distributed without the written authorization from the owner. [CA Public Records Act, Section 6254.5(e)]