

# Mobile Food Facility Application



## County of Sonoma Department of Health Services Environmental Health & Safety

625 5<sup>th</sup> Street ❖ Santa Rosa, CA 95404  
707-565-6565 ❖ Fax 707-565-6525

This application packet is for food vendors seeking a Mobile Food Facility (MFF) permit to operate. An MFF permit is required for retail food vendors who sell food or beverages from any vehicle (California Retail Food Code 113631). An MFF operates in conjunction with a commissary or other permanent food facility.

Please read all information in this packet prior to operating your MFF. More information is available on our website – [www.sonoma-county.org/food](http://www.sonoma-county.org/food).

### **Mobile Food Facility (MFF) Category Definitions:**

**Minimal or No Preparation** (for example: ice cream, coffee, produce, etc.)

This category is typically prepackaged non-perishable foods such as candy bars, chips, etc. Other examples of food in this category are frozen perishable foods (e.g., ice cream), whole uncut produce, whole fish or aquatic invertebrates on ice. No refrigerated perishable foods are allowed.

**Moderate Preparation** (for example: tamales, coffee drinks, hot dogs, churros, drinks with cut fruit, etc.)

Foods that require limited preparation such as heating, popping, shaving of ice, blending (no frozen milk products), portioning, dispensing of non-perishable foods, assembling or baking (non-perishable baked goods). No reheating of perishable foods for hot holding, except for steamed or boiled hot dogs and tamales in the original inedible wrapper.

No hot holding of non-prepackaged perishable foods, except for roasting corn on the cob.

**Extensive Preparation** (for example: tacos, curry, deli, shawarma, etc.)

Non-prepackaged food that is cooked on the vehicle or requires preparation beyond the methods listed in “Moderate Preparation” above.



**MOBILE FOOD FACILITY PERMIT APPLICATION**

**APPLICANT:** Answer all questions completely. Sign and date below. *Please print or type.*

- Original Application       Change of Ownership       Renewal

Category of Mobile Food Facility (MFF) (check one) – See category definitions on page 1 of this packet:

- Extensive Preparation       Moderate Preparation       Minimal or No Preparation

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

DBA (Name on Sign): \_\_\_\_\_ Type of Food \_\_\_\_\_

Business Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Make and Model of Vehicle \_\_\_\_\_ Vehicle License # \_\_\_\_\_

Operator's Name (if different from owner) \_\_\_\_\_ Operator Cell Phone \_\_\_\_\_

\_\_\_\_\_ **If you are renewing and no information has changed, please initial here and sign the agreement below. A copy of the valid current vehicle registration is required with every renewal.**

Please provide any new/changed information using the appropriate document(s). Note: you are only required to fill out those documents that have changed.

**Please provide the following:**

- Copy of the valid current vehicle registration**
- Completed Route Sheet**
- Completed Commissary Agreement**
- Sign Off for Stops Longer Than One Hour, if required** (see form for requirement)
- Written operational procedure, required for carts not trucks**
- Appropriate payment**
- Food Safety Manager Certification**

MFFs with moderate or extensive preparation permit categories are required to have an owner or employee who has successfully passed an approved and accredited food safety manager certification examination. Please have the original food safety manager certificate available during inspection of your unit.

Name of Certified Food Safety Manager \_\_\_\_\_ Date of Certification \_\_\_\_\_

- Owner/Operator Agreement, if required** (only if operator is not the owner) (not included in this packet)

**AGREEMENT**

I (we) understand that a permit is issued upon inspection of the above named mobile food facility when it is in substantial compliance with applicable state law and county code. Fees are not prorated. The permit is valid for twelve months, or as otherwise noted on the permit, and shall be renewed annually by payment of fees determined by the Board of Supervisors and completion of required paperwork.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees or paperwork, shall be deemed delinquent. Delinquent permit fees will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-4(n).*

The permit may be suspended or revoked for good cause. **Up to three times the permit fee may be charged as a penalty** for operating without a permit. The permit is not transferable upon change of ownership and is valid only for the facility listed above.

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:** PE \_\_\_\_\_ Approved By \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

PR # \_\_\_\_\_ District \_\_\_\_\_ Issue Permit \_\_\_\_\_

Cash  Check  Credit Card      Trans # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_



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 Environmental Health & Safety  
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### ROUTE SHEET

Name of Mobile Food Facility \_\_\_\_\_ PR # \_\_\_\_\_

Please list all stops or locations where your facility sells food or beverages to the public in Sonoma County. Use a separate sheet if more space is needed. If you do not have official stops, please provide the general area where you would be operating. Operator is **required** to resubmit this form within 30 days of any changes made.

Check the ">1 Hour" box if any stop is for more than one hour.

Location/Address	Days of Operation							Start Time	End Time	>1 Hour
	M	Tu	W	Th	F	Sa	Su			
1. _____	<input type="checkbox"/>	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<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"/>	_____	_____	<input type="checkbox"/>

If you **stop for more than one hour** at any location you will need a "Sign Off for Stops Longer than One Hour" form for each stop.

If available, website where current route information is posted: \_\_\_\_\_

Name of Owner/Operator: \_\_\_\_\_

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

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES  
ENVIRONMENTAL HEALTH & SAFETY**

625 5<sup>th</sup> Street, Santa Rosa, CA 95404 ❖ Phone (707) 565-6565 ❖ Fax (707) 565-6525 ❖ [www.sonoma-county.org/food](http://www.sonoma-county.org/food)

**COMMISSARY AGREEMENT**

Mobile Food Facility ❖ Caterer ❖ Temporary Food Facility

**Please complete Sections 1 and 2. If your commissary is outside of Sonoma County please also complete Section 3.**

**Section 1 – To be completed by APPLICANT — Please print or type.**

Business Name \_\_\_\_\_ PR# \_\_\_\_\_

Owner/Operator Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

I, \_\_\_\_\_, hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code, California Retail Food Code, and Sonoma County Environmental Health & Safety, requirements. **Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation. This Commissary Agreement shall be effective for no longer than one year.**

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

**Section 2 – To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.**

Commissary Name \_\_\_\_\_ PR# \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Owner/Operator \_\_\_\_\_

Check all appropriate services provided:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wastewater disposal                   | <input type="checkbox"/> Food preparation area           | <input type="checkbox"/> Refrigeration equipment   |
| <input type="checkbox"/> Potable water                         | <input type="checkbox"/> Electrical hookups              | <input type="checkbox"/> Food storage facilities   |
| <input type="checkbox"/> Disposal of rubbish & garbage         | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Janitorial sink           |
| <input type="checkbox"/> Hot & cold water for vehicle cleaning | <input type="checkbox"/> 3-compartment sink              | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Other services not listed: _____      |  |  |

List all foods provided by the commissary and company(ies) from which foods are purchased:

Food	Company

I, \_\_\_\_\_, hereby state that the information I have provided is current, true and correct to the best of my knowledge and meets the California Health & Safety Code requirements. If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or cancelled, **the commissary owner shall notify this office immediately.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Section 3 – To be completed by the ENVIRONMENTAL HEALTH jurisdiction outside of Sonoma County**

The commissary is located in \_\_\_\_\_ County. The above food facility meets the commissary requirements pursuant to CalCode Sections 114211, 114245.1, 114294 and 114326. The above checked services are available at the above commissary. Please notify the Sonoma County Department of Health, Environmental Health & Safety should the status of this permit change or if it falls below acceptable CalCode standards.

EHS Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Business Phone: \_\_\_\_\_

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ENVIRONMENTAL HEALTH & SAFETY**

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<b>SIGN OFF FOR STOPS LONGER THAN ONE HOUR</b> Mobile Food Facility
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This document is required if you **stop for longer than one hour** at any location. You must complete:

**Section 1:** approval from the appropriate planning department.

**Section 2:** approval from the business owner to use their restroom and, if applicable, electrical outlet.

**General Information**

MFF Business Name \_\_\_\_\_ PR # \_\_\_\_\_

Stop Location \_\_\_\_\_ Stop Duration \_\_\_\_\_

**Section 1: Planning Department Approval**

You must receive approval from the appropriate planning department regarding any planning/zoning issues. For information concerning planning/zoning please contact the appropriate planning department. For your reference we have attached a contact list of planning departments.

Planning Dept. Jurisdiction \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_  
*Print Name and Title* *Signature*

**Section 2: Restroom/Electrical Outlet Agreement**

You must **have this section signed** by the owner of the facility granting permission for you and your employees to use the restroom facilities. The restroom must:

- be within 200 feet of where the MFF stops to sell food
- be in good physical condition and sanitary
- have hot and cold water provided via a mixing valve
- have a soap and paper towel dispenser
- be adequately supplied with toilet paper, soap and paper towels
- be open and available for use for the entire time the MFF is at a location

If you will be using the electrical outlet at this facility please check here.

**Restroom/Electrical Outlet Location Information**

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ Bus. Phone \_\_\_\_\_

The above named mobile food facility has permission to use our restroom facilities and, if checked above, our electrical outlet. Our restroom facilities comply with the requirements listed above.

Business Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Owner/Manager Print Name \_\_\_\_\_ Cell # \_\_\_\_\_

## Written Operational Procedures Unenclosed Mobile Food Facilities

The California Retail Food Code (CalCode) requires that **unenclosed mobile food facilities** (for example, hot dog or ice cream carts) handling nonprepackaged food develop and follow written operational procedures for the operation of their units (Section 114303). The following questions must be completed and returned to Environmental Health (EH) for review and approval prior to the issuance of a mobile food facility (MFF) permit. An approved copy should be maintained on the MFF during all hours of operation.

In the event that your menu or any of your food handling procedures change, you must submit the revised written operational procedures to EH.

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone: \_\_\_\_\_

Written operational procedures need to include the answers to the questions below. You may use this form to create your written operational procedure or create your own format. Please attach additional sheets if needed.

### Food Handling Operational Procedures

1. When the MFF is in operation, indicate where you will wash your hands.
2. List all foods to be offered to the public, including beverages as well as prepackaged and unpackaged foods.
3. Indicate which foods will be prepared at the commissary.
4. Describe your mobile food facility's opening procedures.
5. Describe how perishable food will be kept at proper temperature.
6. Describe how you will monitor the temperature of your perishable foods.

7. Describe how you will restock food products.
  
8. List all equipment and utensils that will be used on the MFF.
  
9. Describe how the MFF's utensils, e.g., tongs, will be washed, rinsed and sanitized.
  
10. Describe how food contact surfaces will be cleaned and sanitized during hours of operation.
  
11. Describe where you will store your MFF, when not in use, to protect it from contamination.
  
12. Describe your employee health policy, e.g., if you or your MFF operator is ill with gastrointestinal symptoms, will you operate your food business?
  
13. Describe how and where the potable water supply tank will be filled.
  
14. Describe how and where the MFF's waste water will be emptied and disposed of.
  
15. Describe your MFF's closing procedure.

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***For Office Use Only:***

PE \_\_\_\_\_ PR # \_\_\_\_\_ District \_\_\_\_\_

Approved by REHS \_\_\_\_\_ Date of Written Operational Plan Approval \_\_\_\_\_

## FOOD SAFETY BEST MANAGEMENT PRACTICES CHECKLIST

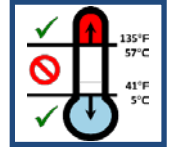
### Employee Health and Hygiene:

- Ensure that all handwash sinks are accessible, stocked with soap and paper towels, and have hot and cold running water.
- Employees are required to wash their hands throughout the day and any time hands may be contaminated.
- Employees may not work in the food facility if they have been vomiting or have diarrhea.



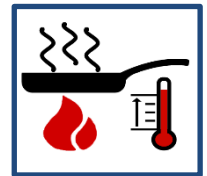
### Food Temperatures:

- All potentially hazardous COLD foods are held at or below 41°F.
- All potentially hazardous HOT foods are held at or above 135°F.
- Rapidly cool foods from 135°F to 70°F within 2 hours, then from 70°F to 41°F within 4 hours. Complete the cooling process within 6 hours.
- Thaw food under cool running water in less than two hours or in a refrigerator.



### Cooking Temperatures:

- Ensure all final cooking temperatures are held for 15 seconds at:
  - 145°F Eggs and pork
  - 155°F Ground beef
  - 165°F Poultry
- Rapidly reheat all potentially hazardous leftover foods to 165°F within 2 hours.



### Food and Equipment Sanitation:

- Use the correct dishwashing method in a 3-compartment sink: Scrape, Wash, Rinse, Sanitize, and Air Dry
- Maintain dishwasher sanitizer concentration at 50 ppm chlorine or 160°F at the utensil surface during the final rinse.
- Ensure food prep surfaces are sanitized between preparation of raw and ready to eat foods.
- Keep cleaning rags in sanitizer buckets – 100 ppm chlorine or 200 ppm quaternary ammonium.
- Store raw meat below or away from ready-to-eat foods and produce.



### Food from Approved Source:

- Ensure all food is obtained from an approved source.
- Do not serve food prepared in private residence unless it is a permitted or registered Cottage Food Operator.
- Unpackaged food served to a customer is not re-served or re-used as food.



### Violations Which May Warrant the Closure of a Facility

- Vermin infestation. Keep insects and rodents such as cockroaches, mice, rats and flies out of the facility. Use a licensed pest control service.
- Widespread food temperature violations that cannot be corrected at time of inspection, such as from a loss of electrical service or power outage.
- Lack of hot or cold running water.
- Poor sanitation with no clean prep surfaces.
- Sewage backing up into facility. Operator should:
  - 1) Stop operations and notify Environmental Health at 707-565-6565
  - 2) Repair plumbing
  - 3) Clean and sanitize all surfaces
- A substantial fire at the facility.
- Selling food from an unapproved source. Example: Food from an unpermitted facility or unregistered private home.

#### Use Approved Pest Control Methods



- Snap Traps
- Bait Boxes
- Glue Boards
- Professional Pest Control





**Quick Reference for Building Departments**

**City of Cloverdale**

126 N. Cloverdale Blvd.  
Cloverdale, CA 95425

Community Development

707-894-1701

[www.cloverdale.net](http://www.cloverdale.net)

**City of Cotati**

201 W. Sierra Ave.  
Cotati, CA 94931

Building Department

707-665-3636

[www.ci.cotati.ca.us](http://www.ci.cotati.ca.us)

**City of Healdsburg**

435 Allan Ct.  
Healdsburg, CA 95448

Community Development

707-431-3346

[www.ci.healdsburg.ca.us](http://www.ci.healdsburg.ca.us)

**City of Petaluma**

11 English St.  
Petaluma, CA 94952

Community Development

707-778-4301

[www.cityofpetaluma.net](http://www.cityofpetaluma.net)

**City of Rohnert Park**

130 Avram Ave.  
Rohnert Park, CA 94928

Development Services- Building

707-588-2240

[www.ci.rohnert-park.ca.us](http://www.ci.rohnert-park.ca.us)

**City of Santa Rosa**

100 Santa Rosa Ave.  
Santa Rosa, CA 95401

Community Development

707-543-3200

<http://ci.santa-rosa.ca.us>

**City of Sebastopol**

7120 Bodega Ave.  
Sebastopol, CA 95472

Building Department

707-823-8597

<http://ci.sebastopol.ca.us>

**City of Sonoma**

1 The Plaza  
Sonoma, CA 95416

Building Department

707-933-2205

[www.sonomacity.org](http://www.sonomacity.org)

**Town of Windsor**

9291 Old Redwood Hwy.  
Windsor, CA 95492

Building Department

707-838-5341

[www.ci.windsor.ca.us](http://www.ci.windsor.ca.us)

**Permit & Resource Management Dept**

2550 Ventura Ave., Santa Rosa, CA 95403

- Unincorporated Sonoma County
- Forestville
- Guerneville
- Bodega Bay
- Bodega
- Occidental
- Graton
- Geyserville
- Penngrove

PRMD-Building Department

707-565-1900

[www.sonoma-county.org/prmd](http://www.sonoma-county.org/prmd)