

MOBILE FOOD FACILITY (MFF), VENDING MACHINE (VM)

COMPACT MOBILE FOOD FACILITY (CMFO CART) APPLICATION FORM

Complete and submit this application for a Permit to Operate, by US Mail, or in person at 1131 Harbor Bay Pkwy, Alameda or online at dehwebbilling@acgov.org . Permit category descriptions begin on page 2. Check the box next to the category that best defines your business model. Instruction Boxes A-H lists required documents you may need to submit with this application. Payment of the application fee (**\$207**) is required to process and review all permit applications. A permit will not be issued until the application is approved, the facility passes a structural inspection, and the annual permit fee is paid. **To RENEW an expired permit, submit your application to your inspector or call 510-567-6724 to be directed.**

YOU ARE WELCOME TO ATTEND the “New Business Info Session” the first Wednesday of each month at 1131 Harbor Bay Pkwy, Alameda at 10AM excluding holidays. You may also request a one-on-one consultation with an inspector at an hourly rate of **\$174**.

OFFICE USE ONLY	AR#	PAID \$	FA#	DATE REC
SR#	IN#		PR#	
CONTACT NAME		EMAIL		CELL PHONE
BUSINESS OWNER NAME - SOLE PROPRIETOR, LLC, INC.			PHONE	
BUSINESS OWNER ADDRESS CITY STATE AND ZIP CODE				
BUSINESS MAILING ADDRESS			EMAIL	
NAME OF THE BUSINESS				
VEHICLE OWNER NAME		LICENSE PLATE	VIN #	
OWNER CDL# AND/OR VALID GOVERNMENT I.D. #		VEHICLE MAKE AND YEAR	ANY CURRENT/EXPIRED CA COUNTY HEALTH PERMITS FOR THIS VEHICLE	
<p>ATTESTATION: The information on this application form and any additional documentation is true and accurate. The information may be subject to penalty of perjury if misrepresented. I understand additional documents may be requested to determine compliance with California Health and Safety Retail Food Code (CALCODE). I understand once approved, an annual permit fee will apply, and payment will be due before the permit is issued. Signature on this form indicates agreement to comply with all applicable statutes. You will be billed in accordance with Title 6 of the Alameda County General Ordinance Code.</p> <p>Business Owner Print: _____</p> <p>Business Owner Signature: _____ Date: _____</p>				
REHS SIGNATURE: _____ DATE: _____ PE CODE: _____				

PAY FEES IN PERSON OR BY MAIL submit your application and payment to Alameda County Department of Environmental Health 1131 Harbor Bay Parkway, Alameda, CA. Make check payable to “Alameda County Department of Environmental Health.” **FOR ONLINE PAYMENT** once you have received your electronic invoice, go to this link <https://deh.acgov.org/billing-fees-permits.page>? **FOR BILLING ASSISTANCE** contact dehwebbilling@acgov.org or call 510-567-6858

TO APPLY FOR PERMIT FEE EXEMPTION FOR QUALIFIED VETERANS, go to https://deh.acgov.org/operations-assets/docs/mff/Veterans_Exemption_Form.pdf Submit the forms with your application to dehwebbilling@acgov.org. Your documents will be reviewed for compliance with exemption requirements.

CHECK ONE PERMIT CATEGORY A - F BELOW AND FOLLOW THE INSTRUCTIONS IN THE RELATED BOX BELOW

A. <input type="checkbox"/> PLAN CHECK FOR OCCUPIED TRUCK/TRAILER \$ 514	D. <input type="checkbox"/> NEW/ <input type="checkbox"/> RENEW AN ANNUAL PERMIT FOR A CERTIFIED FARMER MARKET
A. <input type="checkbox"/> PLAN CHECK FOR CMFO CARTS \$174/HR	E. <input type="checkbox"/> ONE SINGLE EVENT ONE TIME A YEAR (\$207)
B. <input type="checkbox"/> NEW ANNUAL PERMIT FOR TRUCK/TRAILER/CMFO CART	F. <input type="checkbox"/> NEW/ <input type="checkbox"/> RENEW PACKAGED ICE CREAM TRUCK/PRE PACKAGED CMFO PUSH CART
B. <input type="checkbox"/> CHANGE OF OWNERSHIP \$ 207	G. <input type="checkbox"/> NEW/ <input type="checkbox"/> RENEW VENDING MACHINE
C. <input type="checkbox"/> RENEW AN ANNUAL PERMIT FOR A TRUCK/TRAILER/CMFO CART	H. <input type="checkbox"/> NEW/ <input type="checkbox"/> RENEW WHOLE PRODUCE VENDOR
<input type="checkbox"/> CONSULT \$174	

BOX A. DOCUMENTS REQUIRED FOR ALL PLAN CHECK.

If your facility has never been issued an environmental health permit to operate within the state of California, **or** has not yet been manufactured, **or** is to be remodeled, you must submit plans for review and approval by this department.

A list of requirements for plan check can be found on the main Mobile Food Facility page. Submit this application with your plans and pay the fees at DEHWEBBILLING@ACGOV.ORG. Plans should be submitted prior to beginning construction or remodeling.

BOX B. A NEW ANNUAL PERMIT/CHANGE OF OWNERSHIP FOR A TRAILER/TRUCK/CMFO (CART)

CA Housing and Community Development insignia (N/A for CMFO carts).

Food Safety Certificate and/or Food Handler Card, Business License, CA Driver License/Valid Government I.D., Current DMV Registration, Pictures of All 4 Sides of the MFF/CMFO and inside for the MFF.

Other: CA Milk and Dairy License, CA Processed Food Registration, Cottage Food Registration.

*Picture of the current or expired CA County Environmental Health Permit for this MFF/CMFO

*IF NO CA ENVIRONMENTAL HEALTH PERMIT, PLAN CHECK IS REQUIRED. SEE BOX “A”

BOX C. RENEW A PERMIT FOR A TRUCK/TRAILER/CMFO CART

Pay Your Invoice, Schedule an Appointment with Your Inspector, and Submit Your Application to Your Inspector One Week Prior to Your Appointment. Call 510-567-6724 to be directed to your inspector.

Provide Current Food Safety Certificate and/or Food Handler Cards

Provide Current DMV Registration, Business License, CA Driver License and/or Valid Government ID.

Provide Applicable Licenses i.e. CA Dairy License, CA Processed Food Registration, Cottage Food Reg.

Bring the Truck/Trailer/CMFO to the Appointment. All Equipment Must Operate in Approved Working Condition to Receive the Permit.

BOX D. A NEW OR TO RENEW A PERMIT FOR SELLING PACKAGED PRODUCTS AT A CFM

Provide Food Safety Certificate and/or Food Handler Cards
Provide a Picture of the Product(s) Package Labels
Provide Current DMV Registration for the Transport Vehicle.
Provide Current CA Driver License/Valid Government I.D
Other: i.e. , CA Milk and Dairy License, CA Processed Food Registration, Cottage Food Reg CDFA
Meat, Poultry Egg Dairy, Commercial Fishing License, ETC

Question #1 on Page 5 is not Applicable. Complete Question in Box #4.

Renewal: SUBMIT APPLICATION AND DOCUMENTS DIRECTLY TO DEHMOBILEFOOD@ACGOV.ORG

BOX E. ONE SINGLE EVENT PER YEAR. Name and Date of the Event _____

Pictures of All 4 Sides of the MFF/CMFO and Inside for the MFF.
CA Housing and Community Development Insignia (N/A for CMFO carts).
*Picture of a current CA County Environmental Health Permit, CDL, DMV registration
*If There is not a Current Permit for the MFF/CMFO Then You do not Qualify for This Category.

BOX F. NEW OR RENEW ALL PRE-PACKAGED FOOD TRUCKS/CMFO PUSH CARTS

Provide Picture of the current or expired CA County Environmental Health Permit for this MFF or CMFO.
Current DMV Registration, Business License, CA Driver License and/or Valid Government ID.
Questions #1 AND #2 on Page 5 are not Applicable. Complete Question #4 where Applicable.

Renewal: Submit application to the inspector or call 510-567-6724 to directed.

BOX G. NEW OR RENEW A PERMIT FOR VENDING MACHINES

NAMA OR NSF 25 Certificate for Each Vending Machine.
Questions #1 AND #2 on Page 5 are not Applicable.
Complete Question #4 where Applicable.

Renewal: Submit Application to the inspector or Call 510-567-6724 to directed

BOX H. NEW OR RENEW A PERMIT FOR WHOLE PRODUCE VENDOR TRUCK

Proof of Purchase of the produce such as Product Receipts or Product Invoices
Current DMV Registration, CA Driver License and/or Valid Government ID.
Questions #1 AND #2 on Page 5 are not Applicable. Complete Question #4 where Applicable.

Renewal: Submit Application to the Inspector or Call 510-567-6724 to directed

ELECTRICAL OUTLET AND/OR RESTROOM AGREEMENT. A RESTROOM IS REQUIRED WHEN OPERATING FOR MORE THAN 1 HOUR IN ONE PLACE. THE RESTROOM SHALL BE WITHIN 200 FEET FROM THE OPERATING SITE. CMFO’S MAY HAVE DIFFERING REQUIREMENTS DEPENDING UPON INSPECTION ADDRESS LOCATION FOR THE ELECTRICAL OUTLET

ADDRESS LOCATION FOR THE RESTROOM

I, (print name) _____ am authorized to give permission for these services

LIST ALL OF YOUR MENU ITEMS IN THE TABLE BELOW. FOOD SHALL NOT BE MADE IN A PRIVATE RESIDENCE (CAL CODE SECTION 114285).

FOOD/BEVERAGE ITEMS (EXAMPLE TACOS, SALADS, BURGERS, FRIES, SANDWICH, SODAS, ETC.)	LIST ALL INGREDIENTS FOR THIS MENU ITEM	PREPARED IN THE COMMISSARY KITCHEN? Y/N	PREPARED ON THE VEHICLE? Y/N

GENERAL QUESTIONS – MULTIPLE CHOICE QUESTIONS MAY HAVE MORE THAN ONE CORRECT ANSWER.

**1. EXPLAIN HOW YOU WILL PREVENT CROSS CONTAMINATION WHEN CUSTOMERS WANT TO USE THEIR OWN REFILLABLE CUPS, MUGS, CONTAINERS OR PLATES?
NOT APPLICABLE TO CFM APPLICANTS AND VENDINGMACHINES.**

2. WHAT IS THE KW POWER RATING, MAKE AND MODEL OF YOUR GENERATOR?

3. HOW MANY EMPLOYEES WORK WITH FOOD? _____

DO THEY ALL HAVE FOD HANDLER CARDS? _____

HAVE THEY BEEN TRAINED TO DO ASSIGNED DUTIES? _____

HAVE YOU DESIGNATED A PERSON IN CHARGE DURING OPERATIONS? _____

4. TO DEVELOP YOUR STANDARD OPERATING PROCEDURES, ANSWER THE FOLLOWING QUESTIONS:

a) WHERE IS THE FOOD PURCHASED INCLUDING ICE? _____

b) WHERE WILL THE WASTEWATER TANKS AND STEAM TABLE BE EMPTIED?

AT HOME AT THE COMMISSARY EVERY DAY ANY DRAIN NEAR WHERE WE OPERATE

c) CHECK MARK ANY PORTABLE EQUIPMENT THAT IS USED ON THE MFF:

- | | |
|---|---|
| <input type="checkbox"/> MICROWAVE | <input type="checkbox"/> RICE COOKER |
| <input type="checkbox"/> TOASTER | <input type="checkbox"/> SLICER |
| <input type="checkbox"/> BLENDER | <input type="checkbox"/> TORTILLA PRESS |
| <input type="checkbox"/> COFFEE MAKER | <input type="checkbox"/> ELECTRIC MIXER |
| <input type="checkbox"/> KNIVES | <input type="checkbox"/> MIXING BOWL |
| <input type="checkbox"/> CUTTING BOARD | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> INDUCTION BURNER | |

d) HOW WILL FOOD-CONTACT SURFACES BE CLEANED AND SANITIZED IF THEY CANNOT BE TAKEN TO THE 3-COMPARTMENT SINK?

WIPE WITH A TOWEL USE APPROVED CLEAN IN PLACE PROCEDURES IT IS NOT NECESSARY

e) HOW WILL THE POTABLE WATER TANK BE SANITIZED?

ADD SOAP TO THE TANK ADD SANITIZING SOLUTION TO THE TANK USING APPROVED METHODS
 ADD HOT WATER TO THE TANK

f) HOW AND WHERE WILL YOU CLEAN THE MFF?

AT HOME USING MOPS AND BROOMS AT THE COMMISSARY WITH WATER, ONCE A MONTH

g) IF AN EMPLOYEE CALLS OUT ILL, WHEN IS IT SAFE FOR THE EMPLOYEE TO RETURN TO WORK?

WHEN THE EMPLOYEE SAYS THEY FEEL BETTER WHEN THE EMPLOYEE NO LONGER HAS SYMPTOMS
 IF THE EMPLOYEES HAVE SEEN A DOCTOR

h) HOW WILL YOU VERIFY FOOD TEMPERATURES?

BY TOUCHING THE POT BY TASTING IT BY USING A PROBE THERMOMETER

i) HOW WILL YOU VERIFY YOUR SANITIZER IS USED AT THE PROPER CONCENTRATION?

USING PROPER TEST STRIPS SMELLING THE SANITIZER CHECKING THE SANITIZER TEMPERATURE

j) HOW WILL YOU SET UP THE 3-COMPARTMENT SINK ON THE MFF OR AT THE COMMISSARY?

- SCRAPE, STACK, RINSE WASH, RINSE, AND DRY WASH, RINSE, AND SANITIZE

k) WHERE WILL YOU KEEP COPIES OF THE FOOD HANDLER CARDS ON THE MFF?

- IN A FOLDER, EASILY ACCESSIBLE IN THE GLOVE COMPARTMENT COPIES ARE NOT NEEDED

l) WHAT WILL YOU DO IF YOUR GENERATOR BREAKS DOWN WHILE YOU ARE WORKING?

- CLOSE, STORE FOOD SAFELY, AND GET THE GENERATOR FIXED KEEP WORKING
 HOPE THE INSPECTOR DOES NOT COME TODAY

m) WHAT WILL YOU DO, IF WHILE YOU ARE WORKING, THERE IS NO WATER COMING FROM THE FAUCETS?

- BUY BOTTLED WATER CLOSE AND RETURN TO THE COMMISSARY FOR WATER
 SELL PREPACKAGED FOOD

n) WHERE WILL YOU STORE CLEAN AND DIRTY CLOTH TOWELS INSIDE THE MFF?

- I DO NOT NEED TOWELS DESIGNATE A CONTAINER AND A LAUNDRY BAG ON THE FLOOR

o) WHERE WILL THE PRODUCE BE WASHED?

- AT HOME AT THE COMMISSARY ON THE TRUCK (PROVIDE PROCEDURE)

p) WHAT WILL YOU DO WITH ANY LEFT-OVER HOT FOOD ONCE THE MFF IS CLOSED FOR THE DAY?

- PUT IT IN CONTAINERS FOR TOMMORROW COOL IT AND REHEAT IT FOR TOMMORROW
 DISCARD IT

q) WHERE WILL THE POTENTIALLY HAZARDOUS FOOD BE STORED ON THE MFF?

- IN AN APPROVED REFRIGERATOR ON THE COUNTER, IF STILL FROZEN IN THE HAND SINK

r) UNDER WHICH OF THESE CIRCUMSTANCES MUST I CLOSE MY BUSINESS?

- VERMIN INFESTATION NO POWER NO HOT WATER NO REFRIGERATION
 NO SANTIZER NO WATER DRAINS ARE CLOGGED NO HANDWASHING

s) WHEN STORING FOOD ON ICE, WHAT IS THE BEST PRACTICE?

- USE METAL CONTAINERS CONTAINERS FULLY SUBMERGED IN ICE MAINTAIN AT 41°F

t) WHAT IS THE BEST WAY TO KEEP YOUR FACILITY VERMIN FREE?

- CLEAN THE FACILITY DAILY PLACE SCREENS ON ALL DOORS AND PASSTHROUGHS
 MONITOR FOR PESTS SEAL ALL CRACKS AND CREVICES
 KEEP DOORS AND WINDOWS SHUT USE LICENSED PEST CONTROL OPERATOR

IT IS THE BUSINESS OWNER'S LEGAL OBLIGATION TO BE COMPLIANT WITH ALL REQUIREMENTS OF THE CALIFORNIA RETAIL FOOD CODE. NON-COMPLIANCE MAY RESULT IN PERMIT SUSPENSION OR REVOKATION.

OPERATOR SIGNATURE: _____ DATE: _____

SCHEDULE YOUR RENEWAL APPOINTMENT AT LEAST 1 WEEK PRIOR TO YOUR PERMIT EXPIRATION DATE. A MISSED APPOINTMENT FEE WILL APPLY TO ANY NO-SHOWS ON APPOINTMENTS.

PART D

COMMISSARY/COMMERCIAL KITCHEN AGREEMENT

Section 1: Pursuant to California Retail Food Code, I will notify Alameda County Department of Environmental Health with any changes to this agreement.

Commissary/Commercial Kitchen Name	Commissary/Commercial Kitchen Owner Name
Commissary/Commercial Kitchen Street Address	Commissary/Commercial Kitchen City & Zip Code
Commissary/Commercial Kitchen Phone Number and Cell Phone Number	

I, the Commissary/Commercial Kitchen Authorized Signer (print name) _____
 Agree to provide the following services to (print business name) _____

PLEASE CHECK YES OR NO:

- | | | | |
|--|--|---------------------------------------|--|
| Facilities to prepare or package food | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dry food storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Toilet & handwashing facilities | <input type="checkbox"/> YES <input type="checkbox"/> NO | Waste grease removal | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Waste tank/sewage disposal | <input type="checkbox"/> YES <input type="checkbox"/> NO | Chemical storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Garbage disposal | <input type="checkbox"/> YES <input type="checkbox"/> NO | Overnight parking | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Potable (drinkable) water supply | <input type="checkbox"/> YES <input type="checkbox"/> NO | Enclosed overnight parking (carts) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Electrical hook-up | <input type="checkbox"/> YES <input type="checkbox"/> NO | Refrigeration/frozen food storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Equipment/utensil storage | <input type="checkbox"/> YES <input type="checkbox"/> NO | Supply food product – i.e. ice, meats | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ware wash facility (i.e. 3 compartment sink) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Any "NO" answers must be explained below AND may delay issuance of the permit. Additional Commissary agreements may be required:

Authorized Signer Signature _____ Date _____

ALAMEDA COUNTY REHS SIGNATURE ONLY _____

Section 2: is required for Commissary/Commercial Kitchen facilities located OUTSIDE of Alameda County or in the City of Berkeley

If the proposed facility is located outside of Alameda County and 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/City.

An REHS signature verifies that the facility indicated in **Section 1** meets CALCODE: Section 114294 – 114297.

Out of County REHS Name (Please Print) _____ Phone _____

Out of County REHS Signature _____ Date _____ Email: _____

REHS PLEASE EMAIL THIS FORM TO DEHMOBILEFOOD@ACGOV.ORG AND DEHTEMPEVENT@ACGOV.ORG

PART E

MOBILE FOOD FACILITY ROUTE SHEET

If a health inspector attempts an inspection of this mobile food facility based on the route sheet on file and the facility is not at the location specified, the next inspection may be charged at the current hourly rate. Failure to be at a location specified on the route sheet may be considered a refusal to permit entry to inspect and is interference to the duties of an enforcement officer. This may be considered a violation of the retail food code, ordinance, and regulation.

Submit updates to our office in person at 1131 Harbor Bay Pkwy, Alameda, CA 94502 or email DEHMOBILEFOOD@ACGOV.ORG.

Please provide your business's website here: _____

Name of Mobile Food Facility: _____	
PR #: _____	License Plate #: _____

Location(s)/Temp Event(s) Address, w/ City and Zip	Days of Operation	Start Time	End Time
1. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
3. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
4. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
5. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
6. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
7. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
8. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
9. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____
10. _____	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	_____	_____

Name of Operator (Print): _____ **Signature:** _____

Mobile Phone#: _____ **Alt Phone#:** _____ **Date:** _____