

MOBILE FOOD FACILITY (MFF) and VENDING MACHINE (VM) APPLICATION FORM

Complete and submit this application form by US Mail, or online at dehwebbilling@acgov.org to apply for an MFF or VM Permit to Operate. The categories of permits and further instructions begin on page 2 of this form. Check the box next to the appropriate category. Sections A-H designate additional required documents or processes you must complete along with submitting this application form for each permit category. Payment of the application fee (\$207) is required to process and review all new permit applications. An inspector will contact you regarding the status of your application. A permit may not be issued until the application is approved, the MFF passes a structural inspection, and the annual permit fee is paid. **Upon renewing an MFF permit, please submit your application to dehmobilefood@acgov.org or directly to your inspector. QUESTIONS** regarding completing this application form shall be submitted to dehmobilefood@acgov.org.

INTERESTED PARTIES 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 our senior inspector at an hourly rate of \$174. To request a consultation please send an email request to dehmobilefood@acgov.org

OFFICE USE ONLY		AR#	PAID \$	FA#	DATE REC
SR#		IN#	PR#		
CONTACT NAME		EMAIL		CELL PHONE	
BUSINESS OWNER NAME (SOLE PROPRIETOR, LLC, INC, CORP)					
BUSINESS OWNER ADDRESS CITY STATE AND ZIP CODE					
BUSINESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
NAME OF THE BUSINESS		PHONE		EMAIL	
VEHICLE OWNER NAME		LICENSE PLATE		VIN #	
BUSINESS OWNER'S CDL# AND/OR VALID GOVERNMENT I.D. #		VEHICLE MAKE AND YEAR		LIST ANY CURRENT/EXPIRED CA COUNTY HEALTH PERMITS FOR THIS VEHICLE	
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. Business Owner Name (print): _____ Business Owner Signature: _____ Date: _____					
FOR OFFICE USE ONLY REHS SIGNATURE: _____ DATE: _____ PE CODE: _____					

HOW TO PAY THE FEES there is a 10-day hold requirement on personal checks. The application will not be reviewed and the permit will not be issued until payments are secured.

PAY 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 approval.

CHECK ONE BELOW AND SEE INSTRUCTION BOX TO FOLLOW. SUBMIT THIS APPLICATION AND DOCUMENTS TO DEHWEBBILLING@ACGOV.ORG. IF RENEWING YOUR PERMIT, SUBMIT APPLICATION AND DOCUMENTS TO DEHMOBILEFOOD@ACGOV.ORG OR DIRECTLY TO YOUR INSPECTOR.

A. PLAN CHECK FOR OCCUPIED TRUCK/TRAILER (\$514)	A. PLAN CHECK FOR COOKING CARTS (\$174/HR)
B. NEW ANNUAL PERMIT FOR TRUCK/TRAILER/COOKING CART	B. CHANGE OF OWNERSHIP (\$207)
C. RENEW AN ANNUAL PERMIT FOR A TRUCK/TRAILER/COOKING CART	G. NEW/ RENEW VENDING MACHINE
D. NEW/ RENEW AN ANNUAL PERMIT FOR A CERTIFIED FARMER MARKET	H. NEW/ RENEW WHOLE PRODUCE VENDOR
E. MFF ONE SINGLE EVENT, 1-4 DAYS, ONCE/YR (\$207)	F. PREPACKAGED ICE CREAM TRUCK
F. NEW/ RENEW A PERMIT FOR A HOT DOG, TAMALE, FRUIT ONLY CART	

A. DOCUMENTS REQUIRED FOR TRUCK/TRAILER/CART 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, has been remodeled or is required to be remodeled, you must submit plans for review and approval by this department. Review the instructions at the link here:

<https://deh.acgov.org/operations-assets/docs/mff/REQUIREMENTS-FOR-MOBILE-FOOD-PLAN-SUBMITTAL.pdf>

Submit this application with your plans and pay the fees at DEHWEBBILLING@ACGOV.ORG. Plans should be submitted prior to beginning construction or remodeling.

B. DOCUMENTS REQUIRED FOR A NEW ANNUAL PERMIT OR CHANGE OF OWNERSHIP FOR A TRAILER/TRUCK/COOKING CART. PROVIDE YOUR CURRENT HCD/SPCM# _____ IF APPLICABLE.

CA HOUSING AND COMMUNITY DEVELOPMENT INSIGNIA <https://www.hcd.ca.gov/> (N/A FOR CARTS).

FOOD SAFETY CERTIFICATION AND FOOD HANDLER CARDS

CURRENT DMV REGISTRATION, CA DRIVER LICENSE, VALID GOVERNMENT I.D.

BUSINESS LICENSE

PICTURE OF ANY PREVIOUSLY ISSUED ENVIRONMENTAL HEALTH PERMIT WITHIN CALIFORNIA

PICTURE OF ALL FOUR SIDES OF THE MOBILE FOOD FACILITY INSIDE AND OUT.

APPLICABLE LICENSES AND CERTIFICATES i.e. CA MILK AND DAIRY LICENSE, ROP, HACCP, OR PROCESSED FOOD REGISTRATION.

C. TO RENEW AN EXISTING PERMIT FOR A TRUCK/TRAILER/COOKING CART

PAY YOUR INVOICE AND SCHEDULE AN APPOINTMENT WITH YOUR INSPECTOR.

FAILURE TO SUBMIT THIS APPLICATION TO YOUR INSPECTOR 1 WEEK PRIOR TO YOUR APPOINTMENT WILL RESULT IN RESCHEDULING THE APPOINTMENT UNTIL IT IS RECEIVED. IF YOU DO NOT KNOW YOUR INSPECTOR, CONTACT DEHMOBILEFOOD@ACGOV.ORG OR CALL 510-567-6724 TO BE DIRECTED.

BRING THE VEHICLE IN PERFECT WORKING ORDER TO THE APPOINTMENT. ***DEFICIENCIES** MAY RESULT IN FACILITY CLOSURE.

PROVIDE CURRENT FOOD SAFETY CERTIFICATION AND FOOD HANDLER CARD

PROVIDE CURRENT DMV REGISTRATION/BUSINESS LICENSE/CA DRIVER LICENSE AND/OR VALID GOVERNMENT ID.

PROVIDE APPLICABLE LICENSES AND CERTIFICATES i.e. CA MILK AND DAIRY LICENSE, CA PROCESSED FOOD REGISTRATION, VACUUM PKG.

***DEFICIENCIES INCLUDE BUT ARE NOT LIMITED TO LACK OF:**

WATER, HOT WATER, POWER, SANITARY CONDITIONS, VERMIN FREE FACILITY, REQUIRED DOCUMENTS, COMPLIANCE WITH PAST VIOLATIONS, AND WORKING EQUIPMENT.

D. DOCUMENTS REQUIRED FOR A NEW OR TO RENEW A PERMIT FOR SELLING NON-CERTIFIED PRODUCTS AT A CFM:

PROVIDE FOOD SAFETY CERTIFICATION AND FOOD HANDLER CARDS.
PROVIDE A SAMPLE OF THE PRODUCT(S) PACKAGE LABELS IF APPLICABLE.
PROVIDE CURRENT DMV REGISTRATION FOR THE TRANSPORT VEHICLE.
PROVIDE CURRENT CA DRIVER LICENSE AND/OR VALID GOVERNMENT ID.
PROVIDE ANY OTHER APPLICABLE LICENSES AND PERMITS i.e. CA [PROCESSED FOOD REGISTRATION
CANNING LICENSE, COTTAGE FOOD REGISTRATION, CDFA MEA POULTRY EGG DAIRY (MPED),
COMMERCIAL FISHING LICENSE, ETC

CONTACT DEHMOBILEFOOD@ACGOV.ORG TO SCHEDULE AN APPOINTMENT TO REVIEW THE APPLICATION BY PHONE.

RESTROOM AGREEMENT AND QUESTION #1 ON PAGE 4 IS NOT APPLICABLE. COMPLETE QUESTION IN BOX #4 WHERE APPLICABLE.

***RENEWALS**, SUBMIT APPLICATION AND DOCUMENTS DIRECTLY TO DEHMOBILEFOOD@ACGOV.ORG

E. ADDITIONAL REQUIREMENTS FOR MFF ONE SINGLE EVENT PER YEAR (5 TO 25 DAYS IN A 90 DAY PERIOD)

NAME AND DATE OF THE EVENT _____
SUBMIT PICTURES OF ALL 4 SIDES OF THE VEHICLE INSIDE AND OUT.
SUBMIT A COPY OF THE CURRENT ENVIRONMENTAL HEALTH PERMIT WITHIN CALIFORNIA.
SUBMIT A PICTURE OF THE HCD INSIGNIA.

F. ADDITIONAL REQUIREMENTS FOR NON-COOKING (HOT DOG, TAMALES, OR FRUIT) CARTS AND PRE-PACKAGED ICE CREAM TRUCKS

SUBMIT A SPECIFICATION SHEET FOR THE CART IF YOU HAVE NOT ALREADY.
VALID GOVERNMENT I.D. AND/OR CALIFORNIA DRIVER LICENSE, DMV REGISTRATION
QUESTIONS #1 AND #2 ON PAGE 4 ARE NOT APPLICABLE. COMPLETE QUESTION #4 WHERE APPLICABLE.
IF RENEWING THIS PERMIT, SUBMIT APPLICATION AND DOCUMENTS DIRECTLY
TO DEHMOBILEFOOD@ACGOV.ORG

G. ADDITIONAL REQUIREMENTS FOR VENDING MACHINES

NAMA OR NSF 25 CERTIFICATION AND SPECIFICATION SHEETS FOR EACH VENDING MACHINE.
COMPLETE THE MENU TABLE PAGE 3 AS TO THE CONTENTS OF THE MACHINE INCLUDING UTENSILS.
RESTROOM AGREEMENT IS NOT APPLICABLE.
QUESTIONS #1 AND #2 ON PAGE 4 ARE NOT APPLICABLE. COMPLETE QUESTION #4 WHERE APPLICABLE.
IF RENEWING THIS PERMIT, SUBMIT APPLICATION AND DOCUMENTS DIRECTLY
TO DEHMOBILEFOOD@ACGOV.ORG

H. ADDITIONAL REQUIREMENTS FOR WHOLE PRODUCE VENDOR

PROOF OF APPROVED SOURCE SUCH AS LIST OF WHOLESALERS, RECEIPTS ETC.
DMV REGISTRATION, VALID GOVERNMENT I.D. AND/OR CALIFORNIA DRIVER LICENSE
QUESTIONS #1 AND #2 ON PAGE 4 ARE NOT APPLICABLE. COMPLETE QUESTION #4 WHERE APPLICABLE.
IF RENEWING THIS PERMIT, SUBMIT APPLICATION AND DOCUMENTS DIRECTLY
TO DEHMOBILEFOOD@ACGOV.ORG

ELECTRICAL OUTLET AND/OR RESTROOM AGREEMENT. A RESTROOM IS REQUIRED WHEN
A VENDOR IS PARKED AND OPERATING FOR MORE THAN 1 HOUR. THE RESTROOM SHALL BE WITHIN 200
FEET FROM THE OPERATING SITE.

_____ HAS PERMISSION TO USE THE ELECTRICAL OUTLET LOCATED AND/OR
RESTROOM LOCATED AT _____ DURING OPERATING HOURS.

Print _____ Authorized Signature _____ Phone _____

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 – FOR MULTIPLE CHOICE QUESTIONS, THERE MAY BE 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 FOR THEIR ORDER?
NOT APPLICABLE TO CFM APPLICANTS AND VENDINGMACHINES.**

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

3. HOW MANY EMPLOYEES WORK WITH THE 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:

MICROWAVE

TOASTER

BLENDER

COFFEE MAKER

KNIVES

CUTTING BOARD

INDUCTION BURNER

RICE COOKER

SLICER

TORTILLA PRESS

ELECTRIC MIXER

MIXING BOWL

OTHER: _____

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 PRINT NAME: _____

OPERATOR SIGNATURE: _____ **DATE:** _____

SCHEDULE YOUR RENEWAL APPOINTMENT AT LEAST 2 WEEKS 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	YES	NO	Dry food storage	YES	NO
Toilet & handwashing facilities	YES	NO	Waste grease removal	YES	NO
Waste tank/sewage disposal	YES	NO	Chemical storage	YES	NO
Garbage disposal	YES	NO	Overnight parking	YES	NO
Potable (drinkable) water supply	YES	NO	Enclosed overnight parking (carts)	YES	NO
Electrical hook-up	YES	NO	Refrigeration/frozen food storage	YES	NO
Equipment/utensil storage	YES	NO	Supply food product – i.e. ice, meats	YES	NO
Ware wash facility (i.e. 3 compartment sink)	YES	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. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
2. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
3. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
4. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
5. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
6. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
7. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
8. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
9. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____
10. _____	M	TU	W	THU	FRI	SAT	SUN	_____	_____

Name of Operator (Print): _____ Signature: _____

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