

Mobile Food Facility Application



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 must operate in conjunction with a commissary or other permanent food facility.

Please read all information in this packet prior to operating your MFF. Plan review may be required prior to operating. More information is available on our website:

<https://sonomacounty.ca.gov/Health/Environmental-Health/Food-Program/Mobile-Food-Facilities/>

MFF Permitting Requirements Overview:

1. Obtain Housing and Community Development (HCD) insignia for occupied vehicles (trucks/trailers). HCD's phone number: [\(916\) 255-2532](tel:9162552532) (not required for most carts).
2. Submit plans of truck/trailer/cart with required fee to Environmental Health. Fill out Plan Check Application and submit with applicable checklist. See applicable checklist for items required on plans. Refer to Plumbing Diagram Example for plumbing requirements.
3. Once plans are approved and truck/trailer/cart is constructed to plans, fill out Mobile Permit Application Packet below for permit.
4. Once application packet is processed and approved, inspection will be conducted at commissary to ensure truck/trailer/cart meets approved plans and has HCD insignia for occupied vehicles.
5. Permitted truck/trailer/carts must be stored at and work in conjunction with an approved commissary.
6. If parked longer than one hour, trucks/trailers/carts must have a restroom agreement and approval from the local Planning Department.

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, 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, steamed or boiled hot dogs, and tamales in the original, inedible wrapper.

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

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



Environmental Health ♦ 625 5th Street, Santa Rosa, CA 95404 ♦ 707-565-6565 ♦ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

MOBILE FOOD FACILITY PERMIT APPLICATION

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

- Original Application Change of Ownership Renewal For Records Only

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

- Extensive Preparation Moderate Preparation Minimal or No Preparation

Mobile Food Facility Business Name _____ Type of Food _____

Name on Mobile Food Facility Sign _____ Business Phone _____

Commissary Address _____ Ste # _____

City _____ Zip _____ Email Address _____

Owner Name (s) _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Operator Name (s) _____ Phone _____

Make and Model of Vehicle: _____ Vehicle License Plate #: _____

Please provide the following:

- Copy of the valid current vehicle registration, if required (trucks/trailers)
- Completed Route Sheet
- Completed Commissary Agreement
- Sign Off for Stops Longer Than One Hour, if required (see form for requirement)
- Standard operational procedure (SOPs), required for unenclosed MFFs (i.e. carts)
- 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 MFF.

Name of Certified Food Safety Manager _____ Date of Certification _____

- Owner/Operator Agreement, if required (only if operator is not the owner)

AGREEMENT

I (we) understand that a permit is issued upon inspection of the above named MFF 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/Title _____ Signature _____ Date _____

Print Name/Title _____ Signature _____ Date _____

For office use only:

PE _____ PR# _____ District _____ Issue Permit _____ Approved by _____

Cash Check/Credit Card Trans# _____ Date Rec'd _____ by _____ Amount Rec'd \$ _____



ROUTE SHEET

Name of MFF _____ 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. 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 / Site Address	Days of Operation							Start Time	End Time	>1 Hour
	M	Tu	W	Th	F	Sa	Su			
1. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
2. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
3. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
4. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
5. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
6. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
7. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
8. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
9. _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>						
10. _____	<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 _____



DEPARTMENT OF HEALTH SERVICES

Environmental Health ♦ 625 5th Street, Santa Rosa, CA 95404 ♦ 707-565-6565 ♦ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

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 _____ Email Address _____

Business Mailing Address _____ Ste # _____

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 and 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.**

Print Name/Title _____ 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.

Print Name/Title _____ Signature _____ 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 Cal Code Sections 114211, 114245.1, 114294 and 114326. The above checked services are available at the stated 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 Cal Code standards.

EHS Signature _____ Print Name _____

Date _____ Business Phone _____



SIGN OFF FOR STOPS LONGER THAN ONE HOUR
Mobile Food Facility

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.

Section 1: General information: – To be completed by APPLICANT — Please print or type.

MFF Business Name _____ PR # _____

Stop Location _____ Stop Duration _____

Section 2: Planning Department Approval – To be completed by local Planning/Zoning Department Jurisdiction— Please print or type.

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 _____ Phone _____

Approved by Print Name/Title _____ Signature _____

Section 3: Restroom/Electrical Outlet Agreement – To be completed by party responsible for restroom facility— Please print or type.

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 _____

Restroom Address _____ Suite _____

City _____ Business Phone _____

The above named MFF 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 # _____

MOBILE FOOD FACILITY (MFF) STANDARD OPERATING PROCEDURES

Required for all unenclosed MFFs (carts), optional for trucks/trailers

Name of MFF: _____

1. Foods served from the MFF will be prepared at the following location:

(Check all that apply)

- At commissary only — **REQUIRED FOR CARTS** (other than hot dogs, tamales, and corn on the cob)
- Inside the MFF and/or at commissary (TRUCKS/TRAILERS)
- At an approved food facility (if different from commissary, then provide Environmental Health Permit Number: _____)
- No food preparation, pre-packaged food only.

2. Indicate the location where you will store food at the end of the day:

- Commissary
- Other (describe) _____

3. Hot held food will be discarded at the end of the day at (NO COOLING OF FOOD PERMITTED ON MFF):

- Commissary
- Other (describe) _____
- N/A for pre-packaged food only

4. Indicate the location where you will store/park the MFF at the end of the day/overnight:

- Commissary
- Other (describe) _____

5. Indicate the specific sanitizer or sanitizing method that you will use at an approved warewashing sink by checking the box below:

- Contact with a solution of 100 ppm available chlorine for at least 30 seconds
- Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Other (describe) _____
- N/A for pre-packaged food only

6. All foods served from the MFF is purchased at and provided from an:

- Approved source (not an unpermitted home kitchen)
- Other (describe) _____

7. Where do you dispose of the dirty water from your waste tank(s) and obtain potable water for your clean water tank(s)?

- Commissary
- Other (describe)
- N/A for pre-packaged food only



8. Where do you wash your MFF vehicle?

- Commissary
- Other (describe) _____

9. Type of business operation (check all that apply):

- Drive a route (stops less than 1-hour)
- Operate in one location (stop longer than one hour)
- Operate at events (temporary events/catering/special events)
- Other (describe) _____

10. Where will you obtain ice?

- Commissary
- Other (describe)
- No ice will be used

11. How will the refrigerators be powered on the MFF when it is in-service and away from the commissary?

- Generator
- Electrical Outlet (complete Electrical Outlet Agreement)
- Other (describe) _____
- No refrigerated unit(s)

Acknowledgement:

I understand and agree that if I make changes to my operating procedures, I must notify County of Sonoma Environmental Health within 7 days. Revised operating procedures may be provided to EH@sonoma-county.org or mailed to 625 5th St. Santa Rosa, CA 95404, Attn: Mobile Food Program. Failure to notify Environmental Health of any changes may result in administrative action.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Quick Reference for Planning/Building Departments

City of Cloverdale

124 N. Cloverdale Blvd.
Cloverdale, CA 95425

Planning & Community Development
707-894-1701

www.cloverdale.net

City of Cotati

201 W. Sierra Ave.
Cotati, CA 94931

Building Department
707-665-3636

www.cotaticity.org/

City of Healdsburg

435 Allan Ct.
Healdsburg, CA 95448

Planning & Building Department
707-431-3348

www.healdsburg.gov

City of Petaluma

11 English St.
Petaluma, CA 94952

Community Development
707-778-4301

www.cityofpetaluma.org

City of Rohnert Park

130 Avram Ave.
Rohnert Park, CA 94928

Development Services- Building
707-588-2240

www.rpcity.org

City of Santa Rosa

100 Santa Rosa Ave.
Santa Rosa, CA 95401

Planning & Economic Development
707-543-3200

www.srcity.org

City of Sebastopol

7120 Bodega Ave.
Sebastopol, CA 95472

Planning Department
707-823-6167

www.ci.sebastopol.ca.us

City of Sonoma

1 The Plaza
Sonoma, CA 95416

Planning Department
707-938-3681

www.sonomacity.org

Town of Windsor

9291 Old Redwood Hwy.
Windsor, CA 95492

Planning & Zoning Department
707-838-1021

www.townofwindsor.com

Permit & Resource Management Dept.

2550 Ventura Ave., Santa Rosa, CA 95403

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

Permit Sonoma—Planning
707-565-1900

www.sonomacounty.ca.gov/Permit-Sonoma
Planner@sonoma-county.org