

Commissary Location/Assigned Area

OCR#

County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health

P.O. Box 7909 Riverside, CA 92513-7909

Decal #	<u> </u>
District	#
PR#	
PE#	
SR#	

☐ Riverside County/ Area						SR#
L	□ Out of County/ Area					EHS
		LICATION TO OPER rside County Code 4.52 ar				
Т	THIS APPLICATION IS FOR:	[] NEW OPERATION	1 []	ANNUAL RENEWAL	[] CH	IANGE OF OWNERSHII
NA	AME OF OWNER:			DBA:		
АΓ	ODRESS OF DBA:		CIT	Y:	STATE:	ZIP:
BII	LLING ADDRESS:		CIT	Y:	STATE:	ZIP:
NA	AME OF COMMISSARY:					
	DMMISSARY ADDRESS:					
DA	ATE YOU PLAN TO OPEN: _	DII	O YOU OP	ERATE THIS BUSINES	SS LAST YEA	AR?
MC	DBILE FOOD FACILITY (MFF)	PERMIT CATEGORIES:				
	1. Produce Mobile Food Facility	- whole, uncut produce only				\$251.00
	LICENSE PLATE #	YEAR:M	1AKE:			
	2. Prepackaged Food Push Cart	– ice cream push cart, tamale ca	art, etc			\$163.00
	3. Prepackaged Mobile Food Fac	cility – ice cream trucks, catering	trucks, etc.			\$418.00
	LICENSE PLATE #	YEAR:M	1AKE:			
	4. Non-Prepackaged Mobile Foo	d Facility or Mobile Support Unit	- limited ope	en food items – hot dog, chui	ro, snow cone,	pretzel, etc \$589.00
	LICENSE PLATE #	YEAR:M	1AKE:			
	5. Mobile Food Preparation Unit	– food truck/trailer				\$754.00
	LICENSE PLATE #	YEAR:M	AKE:			
Ple	ease submit cash, credit card o	r money order <u>payable to</u> Riv	verside Co	unty Dept. of Environmen	tal Health <u>wit</u>	h your application.
FAC REI APF	ENVIRONMENTAL HEALTH PERMIT A CILITY. YOU ARE <u>NOT AUTHORIZED</u> NEWED WITHIN THIRTY (30) DAYS OI PLIED FOR OR NOT RENEWED WITH EREBY APPLY FOR A RECEIPT/PERM	TO OPERATE UNTIL ALL APPROVA THE DATE OF PERMIT EXPIRATION THE DATE (60) DAYS OF THE DATE (ALS HAVE BE ON, AN ADDI OF THE PERI FACHED, TO	EN OBTAINED. IN THE EVEN FIONAL PENALTY FEE OF 20% MIT EXPIRATION, AN ADDITIC OPERATE THE ABOVE INDICA	T THE PERMIT IS WILL BE REQUIINAL PENALTY O TED NON-PERM	NOT APPLIED FOR OR NOT RED. IF THE PERMIT IS NOT IF 100% WILL BE REQUIRED.
DA	ATE: OWNI	ER/OPERATOR:				
	JSINESS TELEPHONE:					IVERS LICENSE#/ EXP. DATE
	MAIL ADDRESS:	C	OUNTY NOT	ES:		
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For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org

MFF PERMIT CHECKLIST

	ollowing information must be provided annually for mobile food facilities, as ted, before a permit will be issued:						
	Commissary agreement letter (permit category 2-5)						
	Commissary schedule (permit category 2-5)						
	Written operational procedures (permit category 4, 5)						
	Menu/listing of all foods offered from mobile food facility (permit category 4, 5)						
	Route sheet or proof of other Department approved reporting/tracking method (permit category 4, 5) Other:						
	Food Manager/Food Handler Certificates (permit category 4, 5)						
	Restroom agreement letter for any selling locations facility is at for longer than 1 hour (permit category 5)						
	Valid driver's license for all proposed drivers (permit category 1, 3, 4, 5)						
	NAME DRIVER'S LICENSE # EXP. DATE						
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	DMV registration (permit category 1, 3, 4, 5)						
	Business liability insurance naming Riverside County as an "additional insured" (permit category 5)						
	Fresh water tank testing (all units with water tanks) – bacteriological results from an accredited laboratory indicating no presence of coliform or <i>E.coli</i> bacteria						
	Viable plan submitted for waste grease and/or trash disposal (permit category 4, 5)						
Ι,	, certify by initialing below that I shall comply with the following items:						
	Mobile food facility is stored at the approved commissary daily (permit category 2-5)						
	Water for food facility is solely from a potable water source at my designated approved commissary (all units with water tanks)						
	Conspicuous trash receptacle provided within 20 feet of the mobile food facility when in operation (permit category 4, 5)						