



Monterey County Health Department
Division of Environmental Health
Consumer Health Protection Services

MOBILE FOOD FACILITY (MFF) RENEWAL PACKET

Name of Mobile Food Facility: _____

Owner of Mobile Food Facility: _____

Physical Address of Owner: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

MONTEREY COUNTY OFFICE USE

FA _____ PR _____ SR00 _____ Received by: _____

Date Paid: _____ IN: _____ Check #: _____ Amount Paid: \$ _____

Approved: Yes / No: _____

	EHS Name	EHS Signature	Date
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Comments: _____

Salinas Office
1270 Natividad Road
Salinas, CA 93906
831-755-4505

Monterey Office
1200 Aguajito Road, Suite 007
Monterey, CA 93940
831-647-7654

King City Office
200 Broadway Ave, Suite 70
King City, CA 93930
831-386-6899

Website: www.mtyhd.org/CH



COMMISSARY AGREEMENT Mobile Food Facility (MFF)

New Renewal

Date Verified: _____ OA initials: _____

This form is to be submitted with proposals for a Vehicle, Trailer, or Cart. Any foods sold or given away to the public must be prepared & stored in an approved facility. Food and food supplies used in a MFF **cannot** be stored or prepared from a private home.

APPLICANT INFORMATION

Type of Facility: MFPU CART MSU Other: _____ For vehicles, License Plate #: _____
Name of MFF: _____ Owner Name: _____
Owner Address: _____ City: _____ Zip Code: _____
Email: _____ Phone Number: _____ Mobile: _____

*I, the above mentioned owner/operator will operate out of the commissary noted below. The vehicle will report the commissary at least once each operating day for cleaning and servicing. I will store the vehicle and equipment at the approved food facility or another EHB approved location, **not at a residence**. The facility will be providing the following services to my food operation (Check all that apply):*

1. Disposal of garbage and rubbish from vehicle.
2. Disposal of liquid waste from vehicle (wastewater – must dispose into sewer; cooking oil – must dispose in containers)
3. Supply of potable water for vehicle water holding tank(s).
4. Storage of food and related supplies. Storage area/shelves must be identified for dry products and for refrigerated products with MFF's business name.
5. Supply food products. If different from commissary, provide location: _____
6. Use of utensil washing facilities.
7. Supply ice. Provide Business Name and Address if supplied from other location: _____
8. Use of food preparation facilities. The following foods are prepared at the commissary: _____
9. Overnight parking. Provide the following information if MFF is stored at another commercial location:
Business Name: _____ Address: _____ Phone Number: _____
Print Name: _____ Signature: _____ Date: _____

If the use of the commissary is discontinued, I will notify EHB at (831)755-4505 to make necessary changes. I understand the use of an unapproved facility for any of the operations above may lead to the revocation of my permit to operate.

***This agreement expires one year from the date signed and must be completed annually.*

Print Name: _____ Signature of Applicant: _____ Date: _____

COMMISSARY INFORMATION

Type of Facility: Commissary Restaurant Rental Kitchen Other: _____
Commissary Name: _____ FA#: _____
Commissary Address: _____
Email: _____ Phone Number: _____ Mobile: _____

I, the commissary owner/operator, can and will provide the necessary facilities, as indicated by the applicant, at my commissary. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this commissary. In addition, I will notify EHB when this agreement is terminated.

Print Name: _____ Signature of Commissary Owner: _____ Date: _____

OUT-OF-COUNTY COMMISSARY APPROVAL

Applicant must enclose a copy of a valid Environmental Health Permit and obtain REHS signature from designated county.

The above checked requirements are available at the proposed commissary/approved facility.

REHS Name: _____ REHS Signature: _____ Date: _____

Commissary permitted and approved by _____ County. Phone Number: _____



MOBILE FOOD FACILITY (MFF) ROUTE/LOCATION SHEET

Operator is **required** to re-submit this form within 30 days of any changes.

Name of MFF: _____

Program Record #: _____ Facility ID #: _____ License Plate #: _____

List your operation schedule in Monterey County in the spaces provided below.

Route(s) or Address(es) of the Location(s) and City	Days of Operation							Start Time	End Time
	M	T	W	TH	F	Sat	Sun		
1. _____	<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"/>	_____	_____
3. _____	<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"/>	_____	_____
5. _____	<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"/>	_____	_____
7. _____	<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"/>	_____	_____
9. _____	<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"/>	_____	_____

In addition, my current route information/location of operation is posted on our website:

Website/Social Media: _____

Home #: _____ Mobile #: _____ Alt Mobile #: _____

I understand and agree that if I make any changes to my route or business location, I must notify the Environmental Health Bureau (EHB) within 30 days. I further understand that failure to notify EHB of any changes may result in the suspension or revocation of my Health Permit to Operate as a Mobile Food Facility.

 Owner/Operator/Authorized Agent Signature Print Name Date

Authorization for Use of Restroom Facilities and Wastewater Disposal

Mobile food facilities shall be operated within 200 feet travel distance of an approved and readily available toilet and hand washing facility to ensure that restroom facilities are available to facility employees whenever the mobile food facility is stopped to conduct business for more than a one-hour period (Section 114315(a)). **If parking at a stationary location for more than one hour, you must obtain approval from the local city planning department or Resource Management Agency (RMA) for unincorporated areas. Obtain their signature below to verify approval of stationary location.**

Approved Restroom within 200 feet & Authorized Use

Are you operating at an APPROVED stationary location for more than one hour?: No / Yes

Approved by (Enforcement officer/Agency)- Name: _____ Phone Number: _____

Hours of operation __: __ a.m./p.m. to __: __ a.m./p.m. Provide address of stationary location below:

Address _____ City _____ Cross Street _____

Is Mobile Food Facility equipped with Restroom: No / Yes

If Yes, Provide name of company that services restroom: _____

If No, Restroom location: _____
Business Name _____ Address _____ City _____

Business Owner's Name: _____ Signature: _____

Phone #: _____ Date: _____

Approved by: No / Yes: Environmental Health Specialist: _____ Date: _____

Signature of **Restroom Facility Owner** _____ Print Name _____ Date _____

Signature of **Mobile Food Facility** _____ Print Name _____ Date _____

Wastewater Disposal Approval & Authorized Use

Use of facility for cleaning and servicing vehicle(s). Facility must have proper wastewater sewer connection. Provide Name, Address and City of other location if not available at commissary:

Business Name _____ Address _____ City/Zip Code _____

Business Owner's Name: _____ Signature: _____

Phone #: _____ Date: _____

Approved by: No / Yes: Environmental Health Specialist: _____ Date: _____

Mobile Food Menu (or attach menu with all ingredients)

(Menú para Unidad Móvil)

Mobile Name (Nombre de Instalación):

Mobile Address (Dirección de Instalación):

Assembled Items (Artículos Ensamblados):

Burritos Pizza Sandwiches (Tortas)

Tacos Tamales Poke Bowls

Other (Please list) Otro (Listar por favor):

Meat, Fish and Poultry (Check all that apply) Carne, Pescado y Carne de Ave (Marque todos los que aplican):

Al Pastor Bacon (Tocino) Beef (Carne de Res)

Chicken (Pollo) Chorizo Fish (Pescado)

Goat (Chivo) Ground Beef (Carne de Res Molida) Ham (Jamón)

Hotdogs Lamb (Cordero) Lunch Meats (Carnes Frías)

Polish Dogs (Hot Dogs Polacos) Pork (Puerco) Sausage (Salchicha)

Shellfish (Mariscos) Shrimp (Camarón) Turkey (Pavo)

Other (Please list) Otro (Listar por favor):

Side Dishes (Check all that apply) Acompañamientos (Marque todos los que aplican):

Baked Beans (Frijoles Enlatados) Boiled Beans (Frijoles de la Olla) Chili (Chile con/sin Carne)

Corn (Elote) Eggs (Huevos) French Fries (Papas fritas)

Pasta Refried Beans (Frijoles Refritos) Rice (Arroz)

Other (Please list) Otro (Listar por favor):

Salads (Check all that apply) Ensaladas (Marque todos los que aplican):

Ceviche Chicken Salad (Ensalada de Pollo) Egg Salad (Ensalada de Huevo)

Fruit Salad (Ensalada de Fruta) Green Salad (Ensalada Verde) Pasta Salad (Ensalada de Pasta)

Potato Salad (Ensalada de Papa) Tuna Salad (Ensalada de Atún)

Other (Please list) Otro (Listar por favor):

Soups (Please list) Sopas (Listar por favor):

Produce (Check all that apply) Productos (Marque todos los que aplican):

Cabbage (Repollo) Cilantro Cucumber (Pepino)

Jalapeno Pepper (Chile Jalapeño) Lemon/Limes (Limón/Lima) Lettuce (Lechuga)

Onion (Cebolla) Radish (Rábano) Tomato (Tomate)

Cut Fruit (Please list) Fruta Picada (Listar por favor):

Mobile Food Menu, Page 2 (or attach menu with all ingredients)

(Menú para Unidad Móvil)

Condiments (Check all that apply) Condimentos (Marque todos los que aplican):		
<input type="checkbox"/> Cheese (Please List) Queso (Listar por favor):		
<input type="checkbox"/> Guacamole	<input type="checkbox"/> Ketchup (Catsup)	<input type="checkbox"/> Mayonnaise (Mayonesa)
<input type="checkbox"/> Mustard (Mostaza)	<input type="checkbox"/> Nacho Cheese (Queso para Nachos)	<input type="checkbox"/> Pickles (Pepinillos)
<input type="checkbox"/> Relish (Pepinillo)	<input type="checkbox"/> Salsa	<input type="checkbox"/> Sour Cream (Crema)
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
Prepackaged Foods (Check all that apply) Alimentos Pre-enpaquetados (Marque todos los que aplican):		
<input type="checkbox"/> Candy (Dulces)	<input type="checkbox"/> Chips (Papitas Fritas)	<input type="checkbox"/> Cookies (Galletas)
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
Other Snacks (Check all that apply) Otros Aperitivos (Marque todos los que aplican):		
<input type="checkbox"/> Churros	<input type="checkbox"/> Ice Cream (Helados)	<input type="checkbox"/> Popcorn (Palomitas)
<input type="checkbox"/> Shaved Ice (Raspados)	<input type="checkbox"/> Soft Serve Ice Cream (Helado Blando)	
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
Drinks (Check all that apply) Bebidas (Marque todos los que aplican):		
<input type="checkbox"/> Bottled Water (Agua Embotellada)	<input type="checkbox"/> Canned Soda (Soda Enlatada)	<input type="checkbox"/> Champurrado
<input type="checkbox"/> Coffee (Café)	<input type="checkbox"/> Horchata	<input type="checkbox"/> Hot Chocolate (Chocolate Caliente)
<input type="checkbox"/> Tea (Té)		
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
Produce/Fruit Vehicle (Please list) Vehículo de Produce/Fruta (Listar por favor):		
NOTE: If selling food other than whole produce (i.e. nuts, seasoning, etc) a commissary form is required.		
NOTA: Si la venta de alimento aparte de producto entero (es decir, nueces, condimentos, etc) se requiere una forma de la Comisaría.		

I, the owner/permittee of the Mobile Food Preparation Unit noted above, agree to adhere to the above menu. I will contact Monterey County Environmental Health Bureau if my menu and/or cooking equipment should change. I understand that if I am found to be operating non-approved cooking equipment and/or am serving food not approved by this department, my Environmental Health Permit will be revoked and I must stop operating until permission to continue operation by this department is received. (Yo, el propietario/titular de la Unidad de Preparación de Alimento Móvil notada arriba, acuerdo a adherir al menú notado arriba. Me pondré en contacto con el Condado de Monterey, oficina de Salud Ambiental si mi menú y/o equipo para cocinar cambiara. Entiendo que si me encontrara operando equipo de cocina no aprobado y/o sirviendo alimentos no aprobado por este departamento, mi Permiso de Salud Ambiental será revocado y debo dejar de operar hasta que se reciba de este departamento el permiso para continuar con la operación).

Signature of Mobile Food Unit Owner/Permittee Firma de Propietario/Titular de Unidad de Preparación de Alimento Móvil	Print Name Letra de Molde	Date Fecha
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