

Mobile Food Facility Health Permit Application

Owner/Operator Information (Responsible Party for Billing)

Owner/Operator Name: _____

Home Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Driver's License#: _____ ST: _____ After Hrs. Emergency Phone: _____

E-mail: _____ Fax: _____

Mobile Food Unit Information

Business Name (DBA): _____

Business Address: _____ City: _____ ST: _____ ZIP: _____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Business Phone: _____ E-mail: _____

Manager or Person in Charge: _____ Contact Phone: _____

Operational Information

What will be the home county and state for this mobile food facility? _____

Address where mobile unit will be parked: _____

Will you be preparing food, storing utensils and/or performing other food related activities at a location other than your mobile food unit?

Yes No If yes, please describe off-unit activities below.

In Imperial County, will this unit be operated on Bureau of Land Management (BLM) lands at any time? Yes No

If yes above, will the mobile food unit be operated ONLY on BLM lands? Yes No

List all areas you expect to operate your mobile food unit in Imperial County. (i.e. City of El Centro, City of Brawley, and Glamis Dunes)

List types of food or beverage items on the mobile food unit. Describe in detail all food preparation activities occurring onboard.

Will you be operating your mobile food facility in one location for longer than one hour? Yes No

If yes, please complete "Authorization for Use of Restroom Facilities" form and submit with this application.

List all equipment necessary for operating cart (e.g. hand sink, refrigerator, generator, steamer, hot water heater, etc.).

Office Use Only

Date: _____ Amt: _____ Amt Type: _____ #: _____ FA#: _____ Rcvd by: _____

Mobile Food Facility Operation (Check one box)

<input type="checkbox"/> Mobile Food Facility - Processing	<input type="checkbox"/> Mobile Food Facility - Non Processing
<input type="checkbox"/> Mobile Food Facility - Limited Processing	<input type="checkbox"/> Mobile Food Facility - Support Unit

Provide a brief physical description of your mobile unit such as whether it is a vehicle, or cart; exterior color, approx. size, identifying markings, etc.

The mobile food unit will be operated? Continuously Occasionally Seasonally

If the mobile unit will be operating occasional or seasonal, provide anticipated events, dates, or months of operation during the year.

Vehicle License Plate #: _____ VIN or Unit #: _____

What is the name of your commissary facility? _____

Hours of Operation

Monday Open _____	Close _____	Friday Open _____	Close _____
Tuesday Open _____	Close _____	Saturday Open _____	Close _____
Wednesday Open _____	Close _____	Sunday Open _____	Close _____
Monday Open _____	Close _____		

Billing and Compliance Acknowledgement

Initial _____	I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I further understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Department in writing within 10 business days before the change occurs. I acknowledge that failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.
Initial _____	I hereby certify, under penalty of perjury, that the information supplied on this application is true and correct. The permit issued subsequent to this application shall become VOID AND THE FEE FORFEITED upon falsification of any portion of this application. I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that are now or may here-in-after be in force by the United States Government, State of California, and/or County of Imperial pertaining to the above named business. I hereby consent to all inspections pertaining to the issuance of this permit and the operation of this business.

Applicant's Name: _____
Please Print

Applicant's Signature: _____ Date: _____
Owner of Authorized Agent

Environmental Health Use Only

Comments:

Approved By: _____ Date: _____

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