

**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#: \_\_\_\_\_ After Hrs. Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ ST: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mobile Food 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 will be parked: \_\_\_\_\_

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

☐ 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 ☐ NoIf 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. 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 the mobile (e.g. hand sink, refrigerator, generator, steamer, water heater, etc.)

**Office Use Only**

Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Amt Type: \_\_\_\_\_ #: \_\_\_\_\_ FA#: \_\_\_\_\_ Rcvd by: \_\_\_\_\_

**Mobile Food Facility Operation (MFF) or Compact Mobile Food Operation (CMFO) (Check one box)**

<input type="checkbox"/> Mobile Food Facility - Processing	<input type="checkbox"/> MFF or CMFO- Non-Processing
<input type="checkbox"/> MFF or CMFO- Limited Processing	<input type="checkbox"/> Mobile Food Facility - Support Unit or Auxiliary Conveyance

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

The mobile food facility will be operated? ☐ Continuously ☐ Occasionally ☐ Seasonally

If the mobile facility 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 \_\_\_\_\_

Thursday 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: \_\_\_\_\_

Imperial County Public Health Department, Environmental Health Division

1221 W. State St., Suite B, El Centro CA 92243

Phone: (442) 265-1888 Fax: (442) 265-1903

[www.icphd.org](http://www.icphd.org)