

Application for: Mobile Food Facility Permit Only - Fill Out Parts A, B, D &/or E of this packet
 Caterer Registration/Retail Delivery Vehicle Permit - Fill Out Parts A, C, D &/or E of this packet

Type of Service: New Permit/Registration** Change of Ownership** Prepaid Renewal Consultation**

Submit applications and, if applicable, application fees to this office in-person, by mail, or fax to 510-337-1139 and call 510-567-6858 to arrange credit card payment on-line.

****NEW PERMIT/REGISTRATION, CHANGE-OF-OWNERSHIP, & CONSULTATIONS****

SR#	Amt Rec'd \$	Date Rec'd:	Rec'd by:
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****Before scheduling an inspection...**A \$150 **non-refundable** application fee is due (cash, credit card, cashier's check, or money order) for new permits, registrations, or consultation services. Inspection staff will contact you via phone or email to schedule an appointment to inspect your vehicle/cart/trailer and/or to discuss your business plan. You will need to provide the SR# listed above to make an appointment. Appointment cancellations must be received 24 hours ahead of the scheduled appointment by leaving a message at 510-567-6717. **Permit Fees will be due the day of your appointment.**

BUSINESS OWNER/APPLICANT NAME <i>(Last Name, First & Middle)</i>		Email address	
Mailing Address		City, State, Zip	
CELL PHONE#	BUSSINESS/ALTERNATE PHONE#	FAX#	
FACILITY NAME:	Food Safety Certificate – (ATTACH A COPY TO THIS APPLICATION) Date Issued: Issued to:		
Vehicle Owner Name: (ATTACH A COPY OF THE CURRENT REGISTRATION CARD)		Vehicle Identification Number(VIN):	
Vehicle License Plate#	Vehicle Year & Make	Owner/Applicant's Driver License#	
Describe your business (e.g., assembling/serving hot dogs from a cart, preparing/serving food on a catering truck, preparing/delivering box lunches to a business meeting, etc.):			
Circle cities within Alameda County that you plan to operate in: Alameda Albany Dublin Emeryville Fremont Hayward Livermore Newark Oakland San Leandro Union City Unicorn/Alameda County			
BUSINESS OWNER/APPLICANT – SIGNATURE X		POSITION / TITLE	DATE

○ - For Office Use Only-UNIT 5 (check all that apply) Submit 5102 to Finance for payment permit fees		
Mobile Food Preparation:	Restricted Mobile Food Cart 1-sink:	○1822- Prepack Ice Cream Cart
○1830- Enclosed Truck or Trailer	○1802- Hot dogs	○1805- Prepack Ice Cream Truck
○1811- Temp MFPU (2 per yr only)	○1803- Tamales	○1807- Prepackaged PHF Cold Food
Limited Mobile Food Cart 4-sinks:	○1806- Roasted Corn or Prepack Fruit	○1815- Misc. & Prepack Frozen PHF
○1804-Espresso	○1810-Prepackaged PHF Hot Food	○1817- Unpackaged Non-PHF
○1808-CRFC Cooking Cart_____	○1809- Catering Registration/Retail Delivery	○Other PE _____: _____
○Application/Consultation/Re-inspection Fee		○Commissary/Commercial Kitchen Investigation
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	REHS Signature:	Date:

MOBILE FOOD FACILITY PERMITTING CHECKLIST

Please bring the following required documents to your permitting inspection:

- Completed Alameda County Mobile Food Unit Application (this packet) with required fees, attachments and approvals (to download this form go to www.acgov.org/aceh/forms)
- Current Food Safety Training Certificate
- Current DMV Registration
- Valid Driver License
- Seller's Permits/Business License – from Board of Equalization and City

Additional documents/items that may be required depending on type of permit:

- Business Plan, Menu, and Standard Operating Procedures
- Official Seal of Approval from State Housing & Community Development on all enclosed food preparation units
- Copy of Food Processing Permit from State Food and Drug
- Milk Handlers License and/or Milk Product License issued by Dept. of Food and Agriculture, Milk and Dairy Branch
- Copy of HACCP or other applicable sanitation program
- Permit issued by local County Health Department or by State for food processing or warehouse operations
- State Canning Registration, if applicable
- Sampling Plan if you intend to provide samples of your product
- Example of labels and packaging that will be used on prepackaged products
- Cold or hot holding equipment that will be used to maintain required holding temperatures for prepackaged potentially hazardous foods
- Current Liability Insurance for business

To avoid delays and cause for re-inspection on catering trucks/trailers and carts, please bring your unit ready to pass inspection. Have all equipment clean and in working order. Double check:

- Are your refrigeration units, steam table, and warming oven turned on and adequately chilled or heated?
- Is there adequate volume and pressure of Hot and Cold Water supplied to hand and utensil washing sinks?
- Is there Soap and Disposable Paper Towels supplied in clean dispensers at the hand sink?
- Is there a properly mounted, up-to-date B/C rated Fire Extinguisher readily accessible?
- Do you have a well-stocked, up-to-date First Aid Kit?
- Is the exterior signage up-to-date on the truck/trailer (both sides) or cart (consumer side) that includes: Business Name, City, State and Permit Holder's Name?

For information: Alameda County Health Permitting: 510-567-6754 • En Español: 510-567-6717

FAX: 510-337-9134 • website: <http://www.acgov.org/aceh/index.htm>

State Housing & Community Development: 916-255-2501

MOBILE FOOD FACILITY OPERATING INFORMATION

PART B
Approval Date:
Approved By:

Complete this page if food is served directly from your mobile food unit

MENU (ATTACH A COPY OF THE MENU OR WRITE IN THE SPACE PROVIDED):

Food served from the mobile food unit is stored at (check all that apply):

- Commissary – Have Commissary fill out PART D OR E
- Commercial Kitchen – Have Commercial Kitchen fill out PART D OR E
- Other (describe): _____

Where do you dispose of the dirty water from your waste tanks?

- Commissary – Have Commissary fill out PART D OR E
- Other (describe): _____

Where do you wash your mobile food unit?

- Commissary – Have Commissary fill out PART D OR E
- Other (describe): _____

When the mobile unit is in-service, how do you operate (check all that apply)?

- Drive a Route - # of stops _____ Where (list cities/major x-streets): _____
Operating Hours: Start time _____ End time _____
- Operate in one location (list address): _____


NOTE: AN INDEPENDENT POWER SOURCE AND MECHANICAL AIR CIRCULATION IS REQUIRED TO OPERATE REFRIGERATION UNITS THAT STORE POTENTIALLY HAZADOUS FOODS ON THE MOBILE FOOD UNIT.

How is the Refrigeration currently being powered on the mobile unit when it is in-service, away from the commissary (check all that apply)?

- GENERATOR INVERTER WITH BATTERIES TO: Engine Alternator or Second/dedicated Alternator
- ELECTRICAL OUTLET (See below for Electric Outlet/Plug-in Agreement) OTHER (DESCRIBE): _____

ELECTRICAL OUTLET – “PLUG-IN” & RESTROOM AGREEMENT

OWNER/APPLICANT OF _____ (Name Of Mobile Food Unit Business)
 HAS ACCESS AND PERMISSION TO USE ELECTRICAL OUTLET(S) AND RESTROOMS WITH HANDWASHING FACILITIES FOR
 FOOD HANDLERS AT _____ (“PLUG-IN”/RESTROOM LOCATION/PROPERTY
 ADDRESS) DURING THE FOLLOWING DAYS/TIMES: (circle) SU M TU W TH F SA TIME: _____ TO _____
 Property Owner/Manager: (print name) _____ cell phone# _____
 Property Owner/Manager (Signature): **X** _____

➔ If using multiple facility locations for food preparation and wash down/liquid waste disposal /overnight parking for the mobile food unit, have each facility fill out the appropriate Commissary Agreement – PART D (INSIDE Alameda County Jurisdiction) or PART E (OUTSIDE Alameda County Jurisdiction including the City of Berkeley). 

Catering Business Registration

Complete this page if food is prepared in a permitted facility, delivered, and served at an activity/event, such as a wedding, a party, a banquet, etc..

PART C
Approval Date:
Approved By:

MENU (ATTACH A COPY OF THE MENU OR WRITE IN THE SPACE PROVIDED):

Attach a Business Plan that includes: types of food prepared; methods of food preparation; methods of food transportation; and types of functions to be catered.

Name and location of permitted food facility where the proposed catering operation, i.e., food preparation and storage, will occur. Have permitted food facility complete Part D (if located in Alameda County) or Part E (if located Out-of-County including the City of Berkeley)

Facility Name:	
Facility Street Address:	Facility City/Zip:
Facility Contact Name:	Facility Contact Phone #:

Where do you store cold foods at the facility?

List equipment used to maintain hot foods at or above 135F in transit and in-service?

List equipment used to maintain cold foods at or below 41F during transport and in-service?

List equipment that will be used to provide food zone protection from customers?

Where will equipment and customer multi-use utensils be washed, rinsed, sanitized, and stored when not in use?

PART DDownload extra copies at
<http://www.acgov.org/aceh/index.htm>**COMMISSARY / COMMERCIAL KITCHEN AGREEMENT for
Facilities located *INSIDE* Alameda County's Jurisdiction (excluding Berkeley)****EACH facility that provides services listed below must fill out a separate PART D**

of Pages Submitted for Part D = _____

Commissary & Commercial Kitchen located in Alameda County ONLY (Provide Copy of Health Permit or Facility ID#)	
<input type="checkbox"/> COMMISSARY / COMMERCIAL Kitchen – Name (Facility ID# _____))	Owner Name or Person in-charge _____
Location _____	City & Zip Code _____
Cell Phone# _____	Alternate Phone# _____ FAX# _____
Approximate: Arrival Time : _____ Return Time at end of business day: _____	
I, (Facility Owner/ Manager) _____ agree to provide the following services to the Applicant (☒ Check ALL that apply)	
<input type="checkbox"/> Food Preparation Space	<input type="checkbox"/> Utensil Washing Area <input type="checkbox"/> Hot & Cold water available
<input type="checkbox"/> Vehicle and/or Cart Washing Area	<input type="checkbox"/> Waste water disposal method (☒) <input type="checkbox"/> Mop Sink <input type="checkbox"/> Wash Pad
<input type="checkbox"/> Sufficient Designated Storage space (☒) <input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry/Bulk Storage	<input type="checkbox"/> Overnight Storage equipped with Electrical Power (☒) <input type="checkbox"/> Vehicle <input type="checkbox"/> Cart * Storage
<input type="checkbox"/> Protected Source of water supply is available for each mobile unit	<input type="checkbox"/> Sanitary disposal of (☒) <input type="checkbox"/> Grease/oil <input type="checkbox"/> Garbage
<input type="checkbox"/> Other service(s) not listed above: _____	
Note: (*) Cart must be stored under covered area	
I, (Manager/Owner) _____, authorize, (Applicant) _____, the use of my facility as (Check all that apply)	
<input type="checkbox"/> Commercial Kitchen <input type="checkbox"/> Commissary <input type="checkbox"/> Disposal of Liquid Waste <input type="checkbox"/> Overnight Storage	
pursuant to California Retail Food Code, Chapter 10. I will notify Alameda County Environmental Health in writing upon termination of this agreement and/or when the operator no longer uses this facility, in compliance with public health regulations. *Note: A NEW agreement is required at Health Department's yearly renewal of Permit.	
Facility's Owner/Manager (Signature) X _____	Date: _____

If more than one facility is used to comply with Sections 114294 – 114297 of the California Retail Food Code, copy this page and include a separate Part D or E for each facility.

At minimum, Commercial Kitchens must be able to supply the following Equipment/ facilities:

- Adequate handwash facilities
- Adequate dishwashing facilities (three-compartment sink w/ dual drain boards)
- Adequate food preparation sink(s) and prep areas
- Adequate commercial refrigeration
- Adequate dry storage space
- Adequate cooking facilities
- Adequate mechanical ventilation
- Adequate janitorial facilities
- Adequate garbage facilities

At minimum, Commissaries servicing mobile food preparation units and carts selling unpackaged foods must provide facilities for:

- Liquid waste disposal method to the sanitary sewer, e.g., wash pad for trucks or easily accessibly mop sink for carts.
- Sanitary hook-up to a potable (drinking) water supply
- Overnight storage equipped with electrical power

**COMMISSARY / COMMERCIAL KITCHEN AGREEMENT for
Facilities located OUTSIDE Alameda County's Jurisdiction (including Berkeley)**

PART E
Download extra copies at
<http://www.acgov.org/aceh/index.htm>

EACH facility that provides services listed below must fill out a separate PART E

of Pages Submitted for Part E = _____

Name of Commissary and/or Commercial Kitchen	A copy of CURRENT & VALID Environmental Health or State Permit is ENCLOSED <input type="checkbox"/>
Street Address	City, State, Zip Code
CELL PHONE #	BUSINESS PHONE #
EMAIL ADDRESS	
Approximate: Arrival Time :	Return Time at end of business day:
I, (Facility Owner/ Manager) _____ agree to provide the following services to the Applicant	
(☒ Check ALL that apply)	
<input type="checkbox"/> Food Preparation Space	<input type="checkbox"/> Utensil Washing Area <input type="checkbox"/> Hot & Cold water available
<input type="checkbox"/> Vehicle and/or Cart Washing Area	<input type="checkbox"/> Waste water disposal method (☒) <input type="checkbox"/> Mop Sink <input type="checkbox"/> Wash Pad
<input type="checkbox"/> Sufficient Designated Storage space (☒) <input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry/Bulk Storage	<input type="checkbox"/> Overnight Storage equipped with Electrical Power (☒) <input type="checkbox"/> Vehicle <input type="checkbox"/> Cart * Storage
<input type="checkbox"/> Protected Source of water supply is available for each mobile unit	<input type="checkbox"/> Sanitary disposal of (☒) <input type="checkbox"/> Grease/oil <input type="checkbox"/> Garbage
<input type="checkbox"/> Other service(s) not listed above:	
Note: (*) Cart must be stored under covered area	
I, (Manager/Owner) _____, authorize, (Applicant) _____, the use of my facility as	
(Check all that apply)	
<input type="checkbox"/> Commercial Kitchen <input type="checkbox"/> Commissary <input type="checkbox"/> Disposal of Liquid Waste <input type="checkbox"/> Overnight Storage	
pursuant to California Retail Food Code, Chapter 10. I will <u>notify</u> Alameda County Environmental Health in writing upon termination of this agreement and/or when the operator no longer uses this facility, in compliance with public health regulations. *Note: A NEW agreement is required at Health Department's yearly renewal of Permit.	
Facility's Owner/Manager (Signature) X	Date:

**Out-of-County Health Department Food Vendor Verification for
Use of Commissary Services and/or Commercial Kitchen**

For facilities located outside of Alameda County (including Berkeley), the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit by signing below. The establishment is in _____ County. The facility indicated in **PART E** above meets the California Retail Food Code: Section 114294 – 114297. Multiple PART E sheets should be submitted and approved if services are provided at multiple locations. The checked (☒) items listed above are available at the proposed facility.

_____, REHS# _____	_____
REHS Name & Registration Number (Please Print)	Contact Phone Number
_____/_____/_____	_____
REHS's Signature & Date	E-mail Address