



SAN JOAQUIN COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
 600 East Main Street, Stockton, CA 95202-3029
Telephone: (209) 468-3420 *Fax:* (209) 464-0138 *Web:* www.sjgov.org/ehd

Mobile Food Preparation Unit (MFPU) Application

A. Vehicle Business Name (DBA): _____

Commissary Address: _____
STREET ADDRESS CITY ZIP CODE

B. Vehicle Operator Information

Name: _____

Address: _____
STREET ADDRESS CITY ZIP CODE

Phone: () _____ Emergency #: () _____

C. Permitting Requirements

1. All operators shall request a San Joaquin County Environmental Health consultation inspection. Inspections are conducted every working day between 8-9am.
2. A consultation will be performed and assessed at \$115 per hour (1-hour minimum).
3. Complete the Verification of Vehicle Commissary form.
4. Obtain the State Mobile Food Preparation Unit "Insignia". Contact the State Housing and Community Development office for approval of your commercial coach at (916) 255-2501.
5. Contact the appropriate city and/or county office for their business license and other applicable requirements.

D. Fees

ENVIRONMENTAL HEALTH DEPT. FEES	BASE	EXPLANATION	REMITTANCE
Permit Fee	\$193	No proration of fees	
Penalty (Illegal Vehicle)	\$193	Fee Amount	
Consultation	*\$115 per hour	1 hour	
Enforcement Hearing	*\$115 per hour	2 hour minimum	
Re-inspection	*\$115 per hour	1 hour	
TOTAL	\$		\$

*Current hourly rate

E. Submitted by

By: _____ Date: _____
(PLEASE PRINT NAME)

F. Application Accepted by

By: _____ Date: _____
ENVIRONMENTAL HEALTH SPECIALIST

BASIC REQUIREMENTS FOR MOBILE FOOD PREPARATION UNITS

1. The name of the facility, city, state, zip code, and name of the permittee, if different from the name of the facility, shall be permanently affixed to both sides of the facility. The facility's name shall be in letters at least 8 centimeters (3 inches) in height and shall be in a color contrasting with the exterior of the mobile facility. Letters and numbers for city, state, zip code, and the name of the permittee shall not be less than 2.5 centimeters (one inch) in height. (CURRFL 114294)
2. All mobile food preparation units shall operate out of an approved commissary or other facility approved by San Joaquin County Environmental Health Department. All units shall report to the commissary at least once each operating day for cleaning and servicing operations. (CURFFL 114287)
3. All materials used in vehicle construction must be easily cleaned and washable. All surfaces must be free of cracks, cuts and other obstructions, which would interfere with proper cleaning. (CURFFL 114295)
4. All potentially hazardous food shall be held at or below 41°F or shall be kept at or above 135°F at all times. An accurate and visible thermometer shall be provided in each cold and hot unit. (CURRFL 113995)
5. Insecticides or poisons shall not be carried in the food storage or display areas of the vehicle. (CURRFL 114025)
6. Single-service utensils such as forks, spoons, napkins, straws, etc., shall be stored in a manner that protects them from contamination (e.g., forks and spoons shall have only handles exposed). (CURRFL 114293)
7. The operator of the vehicle must have adequate containers for refuse. The operator is also responsible for the sanitation and clean up around the immediate area of his stops. (CURFFL 114290)
8. Food stored or prepared in a private home shall not be used, stored, served or sold from a food facility. (CURRFL 114015)
9. All perishable food offered for self-service, such as sandwiches, TV dinners, meat pies, burritos, etc., **MUST BE MARKED** with the **DATE** offered for sale and placed either in the hot holding device or placed under refrigeration until sold. Such prepared products remaining after each day's operation shall be removed from the vehicle and shall not be offered for sale again. **DO NOT RE-DATE**.
10. Entrance doors to food preparation areas shall be self-closing and kept closed when not being used. (CURRFL 114292)
11. During transportation and storage, food and food contact surfaces shall be protected from contamination. (CURRFL 114010)
12. All operators shall wear clean outer garments; keep their hands and fingernails clean, and wear headbands, caps or other devices to restrain hair. (CURRFL 114020)
13. The use of tobacco in **ANY FORM** is **PROHIBITED** in the food preparation area. (CURFFL 114020)
14. All operators are to wash their hands before beginning work and after visiting the toilet. (CURFFL 114020)

15. All foods shall be obtained ONLY from an APPROVED vendor, APPROVED facility or APPROVED commissary. Approved means inspected by the San Joaquin County Environmental Health Department or other regulatory agency. (CURFFL 113980)
16. ALL PASTRIES must be wrapped and labeled if offered for customer self-service. Unwrapped pastries must be kept within the vehicle and dispensed by the operator in a sanitary manner. (CURFFL 114015)
17. Hot (120°F) and cold running water MUST be supplied to the hand wash and utensil wash sinks at all times during operation. The hot and cold food-holding units must be functioning during all stages of food preparation, during the daily run, and in the commissary yard prior to leaving to start your day. (CURFFL 114295)
18. If stopping for more than sixty (60) minutes, approved toilet facilities must be available for use by the food handlers within two (200) feet of the vehicle. Proof of restroom availability shall be submitted to this department. (CURFFL 114299.5)
19. Any discharge of wastewater onto the surface of the ground is strictly prohibited. Waste tank outlets shall be kept closed or tightly capped and shall be maintained in good repair. (CURFFL 114299.5)
20. All wastewater generated by the vehicle shall be disposed of at approved commissary or other facility approved by the Enforcement Officer. (CURFFL 114293)
21. All mobile food preparations units shall have a valid PHS-EHD permit or facsimile displayed inside the unit when it is in operation.
22. A valid Environmental Health permit sticker shall be displayed at the back left hand, corner of the vehicle.
23. Verified copies of the following documents shall be presented to EHD before the vehicle is permitted:
 - A copy of Driver's License of operator or owner
 - Copy of Vehicle Registration
24. Each permitted vehicle must have an owner or employee who has successfully passed an approved and accredited food safety certification examination, and must provide proof within 60 days of becoming permitted. (CURFFL 113716)

This packet is intended to provide you with general information about mobile food preparation units and shall not be considered in lieu of California Uniform Retail Food Facilities Law.

LABELING SAMPLE

EXPLANATION

- | | |
|--|---|
| 1. Name | "Joe's Special"
(Optional) Trade Name |
| 2. Common Name of Product
(Required) | Ham & Cheese Sandwich |
| 3. List of Ingredients
(Required) | Ingredients: Bread, ham, cheese
tomato, lettuce, and mayonnaise. |
| 4. Net Weight or Count | Net Weight: 8 oz.
(Required) |
| 5. Name/Address of Manufacturer or Distributor
(Required) | "Joe's Sandwich"
1245 Maple Street
Long Beach, CA 99999 |

**THE ABOVE INFORMATION IS REQUIRED ON ALL PREPACKAGED FOOD, CLEARLY
VISIBLE AND IN ENGLISH.**

VERIFICATION OF VEHICLE COMMISSARY

Please provide all information requested. An incomplete application may delay approval.

VEHICLE INFORMATION

Vehicle Name (DBA): _____

Address for Vehicle:

Street Address

City

- | | |
|---------------------------|----------------------|
| 1) License Plate #: _____ | 4) Year: _____ |
| 2) Vehicle Vin #: _____ | 5) Make/Model: _____ |
| 3) State Decal #: _____ | 6) Color: _____ |

VEHICLE OWNER INFORMATION

Name: _____

Address of Owner:

Street Address

City

The mobile food facility shall operate out of a commissary and shall report to the commissary at least once each operating day for cleaning and servicing (CalCode sections 114295 & 114297). If the use of the commissary is discontinued, the permit holder must notify this office to make the necessary changes. Failure to notify this office may result in permit revocation and penalties.

Signature of Vehicle Operator

Date

COMMISSARY INFORMATION

Business Name: _____

Owner Name: _____

Site Address:

Street Address

City

Phone: () _____

I, the commissary owner, can and will provide the necessary facilities for the above mentioned vehicle at my commissary as checked below:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Liquid & solid waste disposal | <input type="checkbox"/> Utensil washing sink
(2 or 3 compartments) | <input type="checkbox"/> Store frozen food | <input type="checkbox"/> Vehicle wash facilities |
| <input type="checkbox"/> Preparation of food | <input type="checkbox"/> Hot & cold water for cleaning | <input type="checkbox"/> Toilet & hand washing | <input type="checkbox"/> Store refrigerated food |
| <input type="checkbox"/> Store dry food/supplies | <input type="checkbox"/> Provide potable water | <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Adequate electrical outlets |

Signature of Commissary Owner/Operator

Date

HEALTH DEPARTMENT

If the commissary/food establishment is outside San Joaquin County, the local health jurisdiction must verify current health permit by signing below. Commissary/food establishment is in _____ County.

Signature of County REHS

Date

VERIFICATION OF RESTROOM FACILITY

Please provide all information requested. An incomplete application may delay approval.

VEHICLE INFORMATION	
Vehicle Name (DBA): _____	
Address for Vehicle:	
Street Address	City
1) License Plate #: _____	4) Year: _____
2) Vehicle Vin #: _____	5) Make/Model: _____
3) State Decal #: _____	6) Color: _____
VEHICLE OWNER INFORMATION	
Name: _____	
Address of Owner:	
Street Address	City
Mobile food facilities shall be operated within 200 feet of approved and readily available toilet and hand washing facilities. This is to ensure restroom facilities are available to employees whenever the mobile food facility is stopped to conduct business (CalCode section 114315).	
I have access to the restroom facilities at the following business during my business hours and I am parked less than 200 feet away from the restroom facilities. I will be responsible for maintaining the restroom in a clean and sanitary condition.	
_____	_____
Signature of Vehicle Operator	Date
RESTROOM INFORMATION	
Business Name: _____	
Owner Name: _____	
Site Address:	
Street Address	City
Phone: _____	
I, the business owner/operator, can and will provide the necessary restroom facilities for the operators of the above-mentioned vehicle at my business and I understand that the restroom facilities are subject to Environmental Health Department inspection.	
_____	_____
Signature Business owner/Operator	Date