

https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

MOBILE FOOD FACILITY PERMIT APPLICATION

APPLIC	CANT: Answer all questions completely. Sign and da	te below. Please print or type.				
	☐ Original A	oplication Change of	of Ownership	☐ Renewal ☐ For R	Records Only	
Category of Mobile Food Facility (MFF) – See category definitions on page 1 of this packet (check one):						
	☐ Extensive F	Preparation	Moderate Preparation	on 🗆 Minimal	or No Preparation	
Mobile	Food Facility Business Name		Type of Food			
Name	on Mobile Food Facility Sign		Business Phone			
Commissary Address					Ste #	
City			Zip	Email Address		
Owner Name (s)			Phone			
Mailing	Address				Ste #	
Operat	or Name (s)		Phone			
Make and Model of Vehicle:			Vehicle License Plate #:			
	Sign Off for Stops Longer Than One Hour, it Standard operational procedure (SOPs), red Appropriate payment Food Safety Manager Certification — MFFs approved and accredited Food Safety Manager Name of Certified Food Safety Manager Owner/Operator Agreement, if required (only	quired for unenclosed MFFs with moderate or extensive pre Certification examination. Pleas	s (i.e. carts) paration permit categore have the original for	od safety manager certificate		
Ц	Owner/Operator Agreement, in required (orin	y ii operator is not the owne				
AGREEMENT						
Fees by th Any pern	e) understand that a permit is issued upon inspectane not prorated. The permit is valid for twelving Board of Supervisors and completion of recompermit that is not reinstated by the designated nit fees will be subject to late fees at intervals adule approved by resolution of the Board of S	re months, or as otherwise puired paperwork. anniversary date, due to fate of thirty (30) days and sixty	noted on thepermit, ailure to submit perr (60) days past the	and shall be renewed ar nit fees or paperwork, sh anniversary date. The am	nnually by payment of fees determined all be deemed delinquent. Delinquent	
	permit may be suspended or revoked for good nit is not transferable upon change of ownersh			y be charged as a pena	lty for operating without a permit. The	
	e) agree to operate in compliance with all app e Public Health Officer for Sonoma County.	icable statutes, orders, qua	rantines, rules or re	gulations prescribed by	state law; astate officer or department;	
Print Name/Title		Signatu	Signature		Date	
Print Name/Title		Signatu	Signature		Date	
For of	ffice use only:					
	• PR#	District	Issue Pe	ermit	Approved by	
	sh Check/Credit Card Trans#					

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