

Mobile Food Facility Permit Application

Section 1: Type of Application

- New Mobile Food Facility MFF
- Change Business Name
- Change in Commissary
- Change in Current Owner's Legal Status (e.g. added/deleted partner or formed a Corp. or LLC)
- Change Legal Name of Permit Holder (marriage or other court proceeding)

Section 2: Owner / Vehicle Information

Business/Vehicle Name: _____

Owner(s) Name: Last: _____
 First: _____

Mailing/Billing Info

Care of: _____

Street/PO Box: _____

Suite/Apt#: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____

Alternate Phone: (____) _____

Fax: (____) _____

E-mail: _____

Vehicle License Plate Number: _____ State: _____

- Corporation Limited Liability Company (LLC) Sole Owner Partnership Local Agency County State

Name of Corporation/LLC/Non-profit/Partnership: _____

Section 3: Commissary Information

Commissary Name: _____

Commissary Address: _____ Suite: _____

Commissary City: _____ State: _____ Zip: _____

Commissary Business Phone: _____ Fax: _____

What is the source of the water system at this site? Private Public

Section 4: Specific Program Information (see fee schedule at [SBCPHD.ORG\EHS](http://SBCPHD.ORG/EHS))

Indicate the type of Mobile Food Facility/Vehicle.

- Mobile Food Preparation Unit.** *Example: Food is prepared in the vehicle.* [1635]
- Mobile Food Facility / Mobile Support Unit.** *Example: Truck or cart with pre-packaged, potentially hazardous food that is prepared and packaged at commissary.* [1645]
- Mobile Food Facility - Low Risk Pre-packaged.** *Example: Truck or cart with fully labeled pre-packaged and non-potentially hazardous food; whole, uncut produce; and/or commercially produced frozen food.* [1638]

<i>For Department Use Only</i>	
Owner: OW	_____
Facility: FA	_____
Location Codes:	
Program: PR	_____
Program/Element: PE	_____
Billing Status:	
<input type="checkbox"/> (01) Active	
<input type="checkbox"/> (03) Temp Inactive	
<input type="checkbox"/> (04) Active-Exempt	
<input type="checkbox"/> (05) One-Time Exempt	
Permit Effective Date:	_____
Reviewed By:	_____

Section 5: Attachments With Application:

- Food Vendor Commissary Authorization form. [[Download Form](#)]
- Food Vendor Schedule of Stops form [[Download Form](#)]
- Commissary Health Permit Number: PR-_____. If commissary is NOT in Santa Barbara County, include copy of the health permit from county where it is permitted.
- Current menu
- Current Food Safety Certificate and/or Food Handler Card
- Vehicle Registration
- California Driver’s License (for any and all drivers of the vehicle)
- Proof of Vehicle Insurance
- Proof of Business Liability Insurance
- State Seller’s Permit (Resale License)
- Local Business License
- Parking Authorization from Local Jurisdiction
- Produce Trucks: “Produce Vehicle” form from the County Agricultural Commissioner’s Office
- Mobile Support Units must attach a list of the MFFs which will be cleaned and/or serviced by this unit.

Section 6: Certification

Are you eligible for a veteran’s fee exemption? Yes No If yes, attach an *Affidavit For A Veteran’s Fee Exemption For The Health Permit To Operate A Food Business* (form available at www.sbcphd.org/ehs or at EHS offices).

Section 7: Terms/Signature

The undersigned hereby certifies all of the information provided on this application is true and accurate. Furthermore, the undersigned hereby agrees to notify Environmental Health Services of any changes that occur including, the type of business activity, name, billing address, ownership, menu, equipment and/or closure.

The undersigned also agrees and understands that any structural alterations, including, but not limited to, equipment changes or additions requires the submittal of plans and appropriate fee to Environmental Health Services for review and approval prior to opening.

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

Submission of an application is not a permit to operate until additional steps are completed and authorization is given for a mobile food facility to process and distribute food products. Plan checks, consultation and/or other departmental approvals may be required.

Print Name #1 _____ Title: _____
Signature: _____ Date: _____
 Print Name #2 _____ Title: _____
Signature: _____ Date: _____

HEALTH PERMIT	For Department Use Only
Fee paid \$ _____	Check # _____
By: _____	Date _____
Comments: _____	Receipt # _____
P/E: _____	Final Invoice #: _____
Plan Check: SR# _____	Final 425 Date: _____
By: _____	Final Invoice #: _____
ROUTE to (initial & date): <input type="checkbox"/> Specialist _____	<input type="checkbox"/> Supv _____
<input type="checkbox"/> AOP _____	Acct.: Permit Invoice # _____
Date _____	Amount Billed \$ _____
Initial: _____	