



## NEW MOBILE FOOD FACILITY (MFF) PERMIT FORM

(Change of Ownership or Previously Permitted in California)

This document must be completed and submitted along with applicable documents to the Department of Environmental Health (DEH) prior to scheduling your inspection. A non-refundable new operating permit application fee is required after submitting this packet. You will receive an invoice by e-mail from the Department with instructions on how to pay this fee online. You may submit to the front counter or to [DEHMFF@deh.sccgov.org](mailto:DEHMFF@deh.sccgov.org) as a PDF. **Incomplete packets will be rejected.** Once the complete packet is submitted, the department will respond within ten (10) business days. MFF Permit applications will expire 90 days after submittal.

NOTE: If structural or equipment modifications have been made to an existing MFF, submit plans to our Plan Check Department. **Do not submit the permit application packet until plans are approved.**

BUSINESS NAME: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

Attached	Required Document
<input type="checkbox"/>	MFF PERMIT APPLICATION
<input type="checkbox"/>	COMMISSARY/APPROVED FACILITY AGREEMENT FORM: If overnight parking is not at a food facility, provide a recent storage receipt.
<input type="checkbox"/>	MENU with ingredients
<input type="checkbox"/>	STANDARD OPERATING PROCEDURE
<input type="checkbox"/>	DMV REGISTRATION: N/A for Pushcart
<input type="checkbox"/>	Proof of HCD Approval (occupied vehicles) Photo of insignia or documentation from HCD (N/A for non-occupied vehicles)
<input type="checkbox"/>	ROUTE SHEET: If not available, operator to provide at the inspection
<b><i>For MFF that has been permitted in another county/city:</i></b>	
<input type="checkbox"/>	ENVIRONMENTAL HEALTH PERMIT or INSPECTION REPORT with License Plate or VIN # from previously permitted county.

OFFICE USE ONLY	INSPECTION APPT: Date:	Time:
FAO	SRO	Intake: _____ Date: _____
Decal #:	Permit Dates:	Senior: _____ Date: _____
Permit Condition:		Supervisor: _____ Date: _____
		Admin: _____ Date: _____





**MOBILE FOOD FACILITY (MFF) APPLICATION  
 INFORMATION SHEET**

**Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Vehicle/Cart Name (dba):** \_\_\_\_\_ **License Plate #:** \_\_\_\_\_

**Please note:** Permit decals are issued during the scheduled initial permitting inspection and annual permit renewal inspections. MFFs, including compact food mobile operations (CMFO) are not permitted to operate without a valid permit decal. A non-refundable application fee is required after submitting this packet. You will receive an invoice by e-mail from the Department with instructions on how to pay this fee online. If modifications have been made to an existing MFF, submit a drawing of the changes and the manufacturer specifications sheets for the new equipment as the changes will be evaluated at the time of the inspection. **Depending on the modifications, Plan Review, applicable fees, and a new HCD insignia may be required before the permit can be issued.**

**I'M APPLYING FOR A MOBILE FOOD FACILITY PERMIT AND I HAVE A:  
 (Check the two boxes that apply.)**

**All occupied vehicles must obtain an insignia from the Department of Housing and Community Development (HCD) prior to scheduling an inspection with this department.**

- A)
- Non-motorized conveyance: individual, cart, stand, display, wagon, showcase or rack. (Non-Occupied vehicle)
  - Motorized, unenclosed: trailer or cart (Non-occupied vehicle)
  - Fully enclosed vehicle: truck, trailer or van. (Occupied vehicle)

**AND**

- B)
- Newly built MFF/CMFO and not permitted in another county in California. (Plan Check is required)
  - MFF/CMFO which will be built/fabricated. (Plan Check is required)
  - CMFO which will be built/fabricated from a standardized plans that have been approved by another county in California (Plan Review may be required)\*
  - CMFO less than 25 square feet (Plan Check may not be required)
  - MFF/CMFO which operates in another county or city in California.\*\*
  - MFF/CMFO that has been permitted with Santa Clara County. (Change of Ownership)

\* Submit plans with approval stamp or certification from the County the CMFO was approved.

\*\*Submit copy of City or County's Environmental Health permit or inspection report with vehicle information.

**CHECK ONE OF THE FOLLOWING:**

**No food preparation (FP24) – Occupied or Non-occupied Vehicle:**

- All items are prepackaged foods or whole uncut produce and seafood only. (EXAMPLES: Prepackaged ice cream trucks/carts, produce vehicles or display.)

**Limited food preparation (FP25) – Occupied Vehicle (Truck/trailer) and Non-occupied Vehicle (Cart):**

- Includes preparing beverages that are for immediate service, in response to an individual consumer order.
- Includes most push carts which have a food compartment.
- Includes shaving of ice, blending of beverages.
- Includes hot and cold holding of foods that are prepared at an approved permanent facility.
- Includes reheating of foods that have been previously prepared at an approved permanent facility.
  - Does not include hot holding of potentially hazardous foods (except for roasting corn on the cob, steamed or boiled hot dogs, and tamales in original, inedible wrapper).
- Includes heating, frying, baking, roasting, popping.
- Includes cooking and seasoning to order.
- Includes slicing and chopping on heated surface during the cooking process ONLY.
- Includes cooking potentially hazardous foods to order.
  - Does not include cooking of potentially hazardous foods for later use.
- No washing, thawing or cooling of foods.
- No grinding of raw ingredients or potentially hazardous foods.
- (EXAMPLES: serve snow cones, fruit, hot dog, popcorn, coffee, churros, pastries, roasted corn on a cob, scooped ice cream, hot dog carts and taco carts.)

**Full food preparation (FP26) – Occupied Vehicle (Food Truck/Trailer/Van):**

- Includes full food service operations.
- Includes cooking, heating, hot holding, cooling and reheating of potentially hazardous foods (PHFs), extensive handling and assembly of PHFs. (EXAMPLES: Most full-service catering food trucks, trailers and vans)
- Special processes on MFF, such as frozen or semi-frozen dairy products that require CDFA license.



**MOBILE FOOD PROGRAM (MFF)  
PERMIT APPLICATION & CERTIFICATION STATEMENT**

DEPARTMENT OF ENVIRONMENTAL HEALTH  
CONSUMER PROTECTION DIVISION  
1555 Berger Drive, Suite 300 • San Jose, CA 95112  
(408) 918-3400 • Email: [DEHMFF@deh.sccgov.org](mailto:DEHMFF@deh.sccgov.org)  
Website: [www.ehinfo.org/cpd](http://www.ehinfo.org/cpd)

**Owner Information:**

Owner Name: \_\_\_\_\_  
*(Corporation, LLC Name or First and Last Name of Primary Owner)*

Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Do you currently hold a permit to operate a Food Facility in Santa Clara County? No Yes *(If Yes, please answer the following):*

Facility ID#: FA0 Facility Name: \_\_\_\_\_

**MFF/CMFO Information:**

Vehicle/Cart Business Name: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: CA Zip: \_\_\_\_\_

Commissary Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**Send Official/Billing Correspondence to:**  Owner  Facility  Other *(Please specify below):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**THE PERMIT AND DECAL WILL BE ISSUED ANNUALLY WHEN ALL FEES HAVE BEEN PAID IN FULL AND THE VEHICLE HAS PASSED ALL APPLICABLE INSPECTIONS. TO RENEW THE PERMIT AND OBTAIN THE CURRENT DECAL, A SCHEDULED INSPECTION IS REQUIRED PRIOR TO PERMIT EXPIRATION. If found operating without a valid permit and decal, a penalty will be assessed, and further legal action may be taken.** The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct, and true.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes. Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines, and permit suspension/revocation proceedings. **NOTIFY** the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership, including the closure of business or a commissary change, by phone or email above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE.**

**NOTE:** Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act (CPRA).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Owner ID#: OW0 ( Add New) Facility ID#: FA0 ( Add New) Program ID#: PR0 ( Add New)

Food Safety Certificate Required:  Yes  No, exempt Designated Employee ID: \_\_\_\_\_ Current Status: \_\_\_\_\_

MFF Vehicle Information: Plate#: \_\_\_\_\_ VIN: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ Type: \_\_\_\_\_

Permit ID#: PT0 ( Add New) P/E: \_\_\_\_\_ Permit Status: 21 Permit Type:  P  PE  PV

Permit Valid: \_\_\_\_\_ to \_\_\_\_\_

Permit Conditions and Descriptions:  Add  Modify  Delete [Supervisor Initials \_\_\_\_\_]

Approved by: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Support Staff: \_\_\_\_\_ Entered Date: \_\_\_\_\_ New AR#: AR Ck# \_\_\_\_\_ \$ \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Current Status:** 01-Active Billable, 04-Active, Exempt

**Permit Type:** P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran



**COMMISSARY AGREEMENT/APPROVED FACILITY**  
 Mobile Food Facility (MFF), Compact Mobile Food Operation (CMFO), Temporary  
 Food Facility (TFF), Mobile Support Unit (MSU) & Vending Machines



This form is to be submitted with proposals for a Vehicle, Trailer, Cart, or Temporary Food Facility. Any foods sold or given away to the public must be prepared and stored in an approved facility.

**APPLICANT INFORMATION**

Type of Facility:  Occupied Truck/Trailer  Unoccupied Truck/ Trailer/Cart  MSU  Vending Machines  TFF

Owner Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_ License Plate: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Provide dates/days of the week and times of commissary use: \_\_\_\_\_

Where will you be operating? (list address/market/event) \_\_\_\_\_

*I, the above –mentioned owner/operator will operate out of the commissary noted below. The facility noted will be providing the following services to my food operations (Check all that apply):*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Facilities to prepare/package food       | <input type="checkbox"/> Electrical hook-up                    | <input type="checkbox"/> Overnight parking          |
| <input type="checkbox"/> Food storage (dry or refrigeration)      | <input type="checkbox"/> Potable (drinkable) water supply      | <input type="checkbox"/> Garbage disposal           |
| <input type="checkbox"/> Equipment/utensil storage                | <input type="checkbox"/> Supply food product (i.e. ice, meats) | <input type="checkbox"/> Grease/oil disposal        |
| <input type="checkbox"/> Warewash facilities (3 compartment sink) | <input type="checkbox"/> Chemical storage                      | <input type="checkbox"/> Waste tank/sewage disposal |

*For MFF/CMFO/MSU: I will report to the facility at least once each operating day for cleaning and servicing. I will store the vehicle and equipment at the commissary or another DEH approved location by completing the MFF Storage Agreement.*

If the use of the commissary is discontinued, I will notify DEH at [DEHMFF@deh.sccgov.org](mailto:DEHMFF@deh.sccgov.org) to make necessary changes.  
 I understand the use of an unapproved facility for any of the operations above may lead to the revocation of my permit to operate.

\_\_\_\_\_  
 Print Name Signature of Applicant Date

**COMMISSARY/APPROVAED FACILITY INFORMATION**

Type of Facility:  Commissary  Restaurant  Rental Kitchen  MEHKO  CFO (Class A or B)

Name of Commissary/Approved Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

*I, the commissary/approved facility owner/operator, can and will provide the necessary services, as indicated by the applicant, at my permitted food facility. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this commissary/approved facility. In addition, I will notify DEH when this agreement is terminated.*

\_\_\_\_\_  
 Print Name Signature of Commissary/Facility, Owner/Operator Date

**OUT-OF-COUNTY COMMISSARY/APPROVED FACILITY**

If the proposed commissary/approved facility is outside of Santa Clara County, the local environmental health jurisdiction shall verify that the above-mentioned establishment has a valid health permit, and the above checked services are available to the to the applicant. The facility is located in \_\_\_\_\_ County/City.

\_\_\_\_\_  
 Print Name Signature of Approval, REHS Date Email Address

<b>FOR OFFICE USE ONLY</b>					
Commissary/Approved Facility Within Santa Clara County:					
Dist. Staff Initials: _____	Emp # _____	Date: _____	Sr. Staff Initials: _____	Emp # _____	Date: _____
FAO	PRO	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary		







## Mobile Food Facility (MFF) Written Operational Procedures

The permit holder of an MFF handling unpackaged food shall develop and follow written operational procedures for maintaining food safety such as, food handling, cleaning and sanitizing of food-contact surfaces and utensils. **The following must be completed and returned to the Department of Environmental Health (DEH) for approval before a permit is issued.** Use additional paper if necessary

Business/MFF Name: _____	License Plate #: _____
Owner Name: _____	Phone: _____
Owner Email: _____	
Kitchen Commissary Name: _____	
Kitchen Commissary Address: _____	

### A. FOOD HANDLING PROCEDURES

1. Which of the food items will be prepared in advance at the kitchen commissary? *i.e. Rinsing of produce and meats, slicing, chopping, thawing, etc. (Kitchen commissary must have a designated food prep sink).*

*(i.e. Lettuce - washed in prep sink and sliced; frozen chicken – thawed in refrigeration unit or running cold water in prep sink)*

2. Which of the food items will be prepared on the MFF?  
 If foods are purchased pre-washed and pre-cut, please indicate so.

*(i.e. tacos – meat cooked to order, tacos/burritos/sandwiches assembled, rice and beans cooked on truck daily and then placed in hot holding unit.*

3. Indicate which foods will be cooked, cooled, reheated and/or served and describe the cooling process:  
(i.e. beans, rice, soups, curries, etc.)

**B. CLEANING AND SANITIZING OF FOOD EQUIPMENT AND UTENSILS (Check all that apply):**

1. Describe how food utensils and food contact surfaces will be cleaned and sanitized.  
 Manually sanitize on MFF (wash, rinse, sanitize, and air-dry)       Mechanical dishwasher at commissary  
 Manually sanitize at commissary
2. What sanitizer or sanitizing method will be used? (Note: Appropriate test strips are required.)  
 Contact with a solution of 100 parts per million (ppm) available **chlorine** for at least 30 seconds.  
 Contact with a solution of 200 parts per million available **quaternary ammonium** for at least one minute.  
 Other: \_\_\_\_\_

**C. Initial each statement to show you understand the requirements:**

- \_\_\_\_\_ All food shall be stored and prepared at the commissary or MFF and not at a private home, except foods that are approved from a permitted Cottage Food Operation (CFO) or Micro-Enterprise Home Kitchen Operation (MEHKO)
- \_\_\_\_\_ All necessary equipment shall be properly functioning on the MFF when in operation (hot water supply, adequate holding temperatures, sufficient sanitizer, wastewater to be properly disposed, adequate power supply etc.)
- \_\_\_\_\_ Hands will be washed with warm water, hand soap, and clean paper towels, prior to food handling, after hands are contaminated, after handling raw meats, and before donning gloves. (CRFC section 113953.3).
- \_\_\_\_\_ Employees will not handle food when diagnosed with communicable disease(s) or have symptoms of vomiting and diarrhea.
- \_\_\_\_\_ After service, all left over hot foods will be discarded at the end of the day.
- \_\_\_\_\_ A copy of these procedures will be kept on the MFF during periods of operation.

By signing below you are certifying that you meet the requirements of the California Retail Food Code (CRFC), as it applies to a Mobile Food Facility. Non-compliance may result in permit suspension or revocation. Prior to making any changes, I acknowledge that I shall notify the Department of Environmental Health if I change commissary, operating procedures or would like to cancel my permit.

\_\_\_\_\_  
Owner/Authorized Agent Signature      Print Name      Date

FOR OFFICE USE ONLY		
Sr. Staff Initials: _____	Emp # _____	Date: _____
SR0	FA0	PR0

## \*California Retail Food Code Reference\*

### **113791**

"Food preparation" means packaging, processing, assembling, portioning, or any operation that changes the form, flavor, or consistency of food, but does not include trimming of produce.

### **114002**

- (a) Whenever food has been prepared or heated so that it becomes potentially hazardous, it shall be rapidly cooled if not held at or above 135°F.
- (b) After heating or hot holding, potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within six hours and, during this time the decrease in temperature from 135°F to 70°F shall occur within two hours.
- (c) Potentially hazardous food shall be cooled within four hours to 41°F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.
- (d) Except as specified in subdivision (e), a potentially hazardous food received in compliance with laws allowing a temperature above 41°F during shipment from the supplier as specified in Section 114037, shall be cooled within four hours to 41°F or less.

### **114002.1**

(a) The rapid cooling of potentially hazardous foods shall be accomplished in accordance with the time and temperature criteria specified in Section 114002 by using one or more of the following methods based on the type of food being cooled:

- (1) Placing the food in shallow pans.
- (2) Separating the food into smaller or thinner portions.
- (3) Using rapid cooling equipment.
- (4) Using containers that facilitate heat transfer.
- (5) Adding ice as an ingredient.
- (6) Using ice paddles.
- (7) Inserting appropriately designed containers in an ice bath and stirring frequently.
- (8) In accordance with an HACCP plan adopted pursuant to this part.
- (9) Utilizing other effective means that have been approved by the enforcement agency.

(b) When placed in cooling or cold holding equipment, food containers in which food is being cooled shall be arranged in the equipment to provide maximum heat transfer through the container walls, loosely covered, or uncovered if protected from overhead contamination during the cooling period to facilitate heat transfer from the surface of the food and stirred as necessary to evenly cool a liquid or a semi-liquid food.

### **114305(d)**

Potentially hazardous foods held at or above 135°F on a mobile food facility or mobile support unit shall be destroyed at the end of the operating day.

### **114018**

Frozen foods shall be stored and displayed in their frozen state unless being thawed in accordance with Section 114020.

### **114020**

Frozen potentially hazardous food shall only be thawed in one of the following ways:

- (a) Under refrigeration that maintains the food temperature at 41°F or below.
- (b) Completely submerged under potable running water for a period not to exceed two hours at a water temperature of 70°F or below, and with sufficient water velocity to agitate and flush off loose particles into the sink drain.
- (c) In a microwave oven if immediately followed by immediate preparation.
- (d) As part of a cooking process.



### MOBILE FOOD FACILITY (MFF) ROUTE/LOCATION SHEET

MFF Name: \_\_\_\_\_

License Plate#: \_\_\_\_\_

#### List operation schedule in Santa Clara County:

Route(s) or Address(es) of the Location(s) and City or Cities	Days of Operation							Start Time	End Time
	M	T	W	TH	F	Sat	Sun		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

In addition, the operating location is also posted online and/or on social media

Website/Handle: \_\_\_\_\_

**Note:** The Department of Environmental Health (DEH) must be able to contact you in order to inspect your vehicle while in operation if we cannot find the vehicle using the above information. List telephone numbers for the person in charge. **Please ensure we can reach you.**

Mobile #: \_\_\_\_\_ Alt Mobile #: \_\_\_\_\_ Alt Mobile #: \_\_\_\_\_

If parked longer than one hour at any of the above locations, I will ensure a readily available toilet and handwashing facility is within 200 feet travel distance of my mobile food facility. For Compact Mobile Food Operations, I will ensure there are enough employees to alternate restroom usage.

I understand and agree that if I make any changes to my route or business location, I must notify DEH via in person or e-mail. I further understand that failure to notify DEH of any changes may result in the suspension or revocation of my Health Permit to Operate as a Mobile Food Facility.

\_\_\_\_\_  
Owner/Operator/Authorized Agent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY		
SR0	FA0	PR0



## MOBILE FOOD FACILITY (MFF) SELF-INSPECTION CHECKLIST

**Permit decals are issued during the scheduled initial permit and annual permit renewal inspections. Vehicles are not permitted to operate without a valid permit. To schedule a permit renewal inspection, please submit the commissary agreement form(s), route sheet, and a copy of the menu and vehicle registration.**

Please arrive on time for your inspection with all hot and cold holding equipment in operation. If you are 15 minutes late, you may be asked to reschedule. Failure to meet the requirements listed below may result in a delay in permit issuance. Please be prepared to wait in the event the inspection prior to your appointment runs longer than expected.

Your inspection is scheduled for: \_\_\_\_\_ Time: \_\_\_\_\_

<b>MOBILE FOOD FACILITY Requirements:</b>	
	Approved <i>active mechanical refrigeration capable</i> of maintaining cold foods 41°F or below at all times. <b>Cold plates are not permitted in refrigerators storing potentially hazardous foods.</b> Only freezers storing prepackaged frozen ready-to-eat foods are permitted to have cold plates.
	Hot holding equipment capable of maintaining hot foods at or above 135°F.
	Adequate supply of hot (120°F minimum) and cold running water of adequate pressure available at unobstructed and accessible 3-compartment sink.
	Adequate supply of warm (100°F minimum) and cold running water of adequate pressure available at unobstructed and accessible handwash sink.
	Soap and paper towels in dispensers at the handwash sink. A wall-mounted paper towel dispenser is required.
	Free of vermin infestation and free of dead insects/rodents/droppings.
	Approved sanitizer with appropriate test strips available for wiping cloths, food service utensils and equipment. Use chlorine (unscented bleach) or quaternary ammonium (QUAT). Wiping cloth sanitizing buckets/pails and a clean supply of wiping cloths.
	Accurate thermometers in all refrigeration units and hot holding/warming units.
	All food obtained, stored and prepared at an approved food facility. <b>No food or equipment is to be prepared or stored at home.</b>
	All drain lines free of leaks and connected to wastewater tank.
	Waste lines equipped with proper cap and valve assemblies.
	Protective screen (filter), cap and valve for water inlet.
	Mechanical ventilation equipment in good operating condition and equipped with approved baffle filters.
	All seams, holes, and gaps are sealed, smooth and easily cleanable.
	Cutting boards are smooth, durable, easily cleanable and non-absorbent.
	Identification is permanently affixed on the consumer side and letters/numbers are contrast with the background: <ul style="list-style-type: none"> <li>• Business name in text at least 3 inches in height</li> <li>• Permit Holder name (if different from business name) in text at least 1 inch in height</li> <li>• City, state and zip in text at least 1 inch in height</li> </ul> *Motorized mobile food vehicles and mobile support units must have identification on both sides.

	First-aid kit (enclosed case) and located in a convenient area.
	Wall-mounted, minimum 10 BC rated approved fire extinguisher.
	All equipment is NSF/ANSI certified.
	Drinking water safe hose to obtain potable water AND a separate hose for cleaning the vehicle.
	Approved probe thermometer accurate within $\pm 2^{\circ}\text{F}$ . Recommend thermometers with a calibration function
	Accurate thermometers in all refrigeration units and hot holding/warming units.
	Approved emergency exit (minimum 2 feet x 3 feet) in the side opposite the main exit door, roof, or the rear of the unit. The exit shall be labeled "Safety Exit" with at least 1-inch highlettering.
	Self-closing device present on doors of the food preparation area.
	Tight-fitting screens present at ceiling openings.
	Positive closing lids and latches for coffee urns, fryers, and steam tables.
	Pass-through window openings not to exceed 216 square inches with at least an 18" separation. Screening material is at least 16 Mesh per square inch and the pass-through screen is self-closing.
	All food obtained, stored and prepared at an approved food facility. <b>No food or equipment is to be prepared or stored at home.</b>
<b>Additional requirements:</b>	
	Valid Food Safety Manager Certificate and copies of the Food Handler's Card(s) available on the MFF.
	DEH placard and permit posted in public view.
	Copy of the most recent inspection report available on the MFF.
	Fire suppression system requires bi-annual inspections and the fire extinguishers require annual inspections.
	Class K extinguisher for cooking media (grease).
	Generator exhaust to be directed away from consumers and food handlers.
	Valid HCD Insignia affixed to vehicle – vehicle modifications may warrant a HCD inspection.

This document serves as guidance and is not inclusive of all mobile food requirements.