



**DEPARTMENT OF ENVIRONMENTAL HEALTH  
CONSUMER PROTECTION DIVISION**

1555 Berger Drive, Suite 300, San Jose, CA 95112

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**COMPACT MOBILE FOOD OPERATION (CMFO)  
SELF-CERTIFICATION CHECKLIST FOR PRIVATE HOME STORAGE**

MFF Business Name:	License Plate #:
MFF Owner Name:	
Home Address:	

**I self-certify that my CMFO will conform to the following requirements:**

<b>Overnight Storage Requirements:</b>	<b>INITIAL HERE: _____</b>
Describe storage location: (Ex. Garage, shed etc.)	
The storage area within the home shall be designated and clearly identified and shall not be relocated without the review and approval of this department. (Provide pictures)	
The CMFO will be stored in a manner that protects the CMFO from contamination and in a manner that would not pose a public health hazard	
Prepackaged non-potentially hazardous food, whole fruits and whole vegetables may be stored in the home prior to sale or preparation.	
<b>Operating Requirements:</b>	<b>INITIAL HERE: _____</b>
All food shall be obtained from an approved source and be pure and free from adulteration and spoilage. Food shall be protected from contamination.	
Food prepared in a private home SHALL NOT be used or offered for sale on a CMFO, unless it is a permitted Cottage Food Operation (CFO) or Micro-Enterprise Home Kitchen Operation (MEHKO).	
At the end of the operating day, potentially hazardous food that is prepared on or served from a CMFO shall be destroyed if using CFO or MEHKO.	
This department may access, for inspection purposes, a private home where a CMFO is stored only if the representative has, on the basis of a consumer complaint, reason to suspect that the home is being used for food preparation, food storage, or unauthorized storage	

I understand and agree that any changes to my operating or storage procedures, including menu, may require prior approval from this Department. I agree that no more than 2 CMFOs will be store at the above address unless approved by DEH. I also understand that approval does not supersede local zoning requirements. *CHSC sections: Section 114368.3 (c).*

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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