



## MOBILE FOOD FACILITY (MFF) STORAGE AGREEMENT

**MFF Name:** \_\_\_\_\_ **License Plate #:** \_\_\_\_\_

**MFF Type:**  Occupied Truck/Trailer  Unoccupied Trailer  Cart  Mobile Support Unit

**STORAGE FACILITY TYPE:**  Commercial Facility  Private Home (CMFOs only)

\_\_\_\_\_  
 Facility Name Facility Business Hours

\_\_\_\_\_  
 Facility Address City, State, Zip Code

\_\_\_\_\_  
 Telephone Number Email Address

I, \_\_\_\_\_, hereby certify that, \_\_\_\_\_,  
 Facility Owner/Operator Mobile Food Facility Owner/Operator

doing business as \_\_\_\_\_, with vehicle license plate \_\_\_\_\_, has  
 Mobile Food Facility Business Name License Plate #

unrestricted access to store the MFF vehicle indoors/outdoors (circle one) in the \_\_\_\_\_ at the above-mentioned address at any time. The MFF will be stored in a room/location manner that protects the MFF operation from contamination. I understand that approval of this agreement by the department does not supersede local zoning requirements.

If the contract has been terminated or the mobile food facility fails to utilize the storage facilities as stated above, I will provide written notification to the County of Santa Clara, Department of Environmental Health, Consumer Protection Division.

\_\_\_\_\_  
 Signature (Storage Owner/Operator) Title

\_\_\_\_\_  
 Print Name (Storage Owner/Operator) Date

### MOBILE FOOD FACILITY:

If the use of the storage facility is discontinued, I will notify DEH at (408)918-1908 or email [dehmff@deh.sccgov.org](mailto:dehmff@deh.sccgov.org) to make the necessary changes. I understand the use of an unapproved facility for storage may lead to revocation of my permit to operate.

\_\_\_\_\_  
 Signature (Mobile Food Facility Owner/Operator) Title

\_\_\_\_\_  
 Print Name (Mobile Food Facility Owner/Operator) Date

FOR OFFICE USE ONLY		
Sr. Staff Initials:	Emp #	Date:
SRO	FAO	PRO