



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

District Environmental Services MOBILE FOOD FACILITY ROUTE SHEET

Mobile Food Facility Name:	Vehicle Identification #:	License Plate #:
Commissary Name:	Commissary Address (Street #, Street Name, City, and Zip Code):	Permit #

SINGLE LOCATION:

Current address if at a single location: _____

Street #
Street Name
City
Zip Code

Days of Operation: Sun__ Mon__ Tue__ Wed__ Thu__ Fri__ Sat__ Time of Operation: Start Time _____ End Time _____

MULTIPLE LOCATIONS:

Please provide your current route locations/stops below:

STOP #	LOCATION / STOP ADDRESS (Street #, Street Name, City, & Zip Code)	DAYS OF OPERATION							START TIME	END TIME
		Sun	Mon	Tue	Wed	Thu	Fri	Sat		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

I understand and agree that if I make any changes to my route or business location, I must notify the Riverside County Department of Environmental Health within 30 days. Failure to notify this Department of any changes may result in an administrative citation, and suspension or revocation of the Health Permit to operate a Mobile Food Facility.

Owner name (print): _____ Owner Signature: _____ Telephone / Cell Number: _____

Fax #: _____ E-mail: _____ Website: _____ Date: _____

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org