



COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

APPLICATION TO OPERATE A MOBILE FOOD FACILITY

Facility Name/DBA			Facility Phone
Facility Address			
City	State	Zip Code	This is the mailing address <input type="checkbox"/>
Facility Owner/Operator			Owner Phone
Owner Address			Owner Email
City	State	Zip Code	This is the mailing address <input type="checkbox"/>

Complete this section if different from above:

Mailing/Billing Contact Name		Contact Phone
Mailing/Billing Address		Contact Email
City	State	Zip Code

This application is for: ☐ New permit ☐ Change of ownership

MOBILE FOOD FACILITY PERMIT CATEGORIES (choose one)		
<input type="checkbox"/>	Low Risk Cart (CMFO) – Prepackaged Food	\$163.00
<input type="checkbox"/>	Medium Risk Cart (CMFO) – Limited Food Preparation	\$199.00
<input type="checkbox"/>	Low Risk Truck – Prepackaged Food, Whole Produce > 25 Sq Ft	\$418.00
<input type="checkbox"/>	Medium Risk Truck – Limited Food Preparation	\$589.00
<input type="checkbox"/>	High Risk Truck/Trailer – Full Food Preparation	\$754.00
<input type="checkbox"/>	MSU/Aux Conveyance – Mobile or Stationary Support Equipment	\$589.00
<input type="checkbox"/>	MFF Storage Endorsement – Prepackaged Mobile Food Facility Storage at Private Residence	\$199.00

License Plate #	Year	Make

AN ENVIRONMENTAL HEALTH PERMIT APPROVED BY A REPRESENTATIVE OF THIS DEPARTMENT IS REQUIRED BEFORE OPERATING A NEW OR CLOSED FOOD FACILITY. YOU ARE NOT AUTHORIZED TO OPERATE UNTIL ALL APPROVALS HAVE BEEN OBTAINED. IN THE EVENT THE PERMIT IS NOT APPLIED FOR OR NOT RENEWED WITHIN THIRTY (30) DAYS OF THE DATE OF PERMIT EXPIRATION, AN ADDITIONAL PENALTY FEE OF 20% WILL BE REQUIRED. IF THE PERMIT IS NOT APPLIED FOR OR NOT RENEWED WITHIN SIXTY (60) DAYS OF THE DATE OF THE PERMIT EXPIRATION, AN ADDITIONAL PENALTY OF 100% WILL BE REQUIRED.

A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION IS REQUIRED TO APPLY.

I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES ATTACHED, TO OPERATE THE ABOVE INDICATED NON-PERMANENT FOOD FACILITY.

DATE: _____ OWNER/OPERATOR: _____

SIGNATURE		DRIVERS LICENSE OR ID#/DOB		
Decal#	Commissary Location / Assigned Area <input type="checkbox"/> Riverside County / Area: _____ <input type="checkbox"/> Out of County / Area: _____			
PR#	PE	SR#	District#	Assigned To

Date	Fee	Receipt #	Check #	Credit Card Approval #	Received by (PRINT)
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MOBILE FOOD FACILITY (MFF) PERMIT CHECKLIST

The following information must be provided annually for mobile food facilities, as indicated, before a permit will be issued:

- ☐ Commissary Agreement Letter
- ☐ Commissary Schedule/ Route Sheet
- ☐ Written Operational Procedures (medium, high risk)
- ☐ Menu/listing of all foods offered from mobile food facility (medium, high risk)
- ☐ Food Manager/Food Handler Certificates _____
of employees
- ☐ Restroom Agreement Letter for all selling locations facility is located at for longer than 1 hour as applicable
- ☐ Valid driver's license for all proposed drivers (motorized MFFs)

NAME	DRIVER'S LICENSE #	EXP. DATE
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- ☐ DMV registration (motorized MFFs)
- ☐ Business liability insurance naming Riverside County as an "additional insured" (high risk)
- ☐ Fresh water tank testing (all units with water tanks) – bacteriological results from an accredited laboratory indicating no presence of coliform or *E.coli* bacteria. Results must be dated within 60 days of permit issuance or renewal.

I, _____, certify by initialing below that I shall comply with the following items:
(PRINT NAME)

_____ Mobile food facility is stored at the approved commissary daily
INITIAL

_____ Water for food facility is solely from a potable water source at my designated approved commissary (all units with water tanks)
INITIAL

_____ Conspicuous trash receptacle provided within 20 feet of the mobile food facility when in operation (medium, high risk)
INITIAL