



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

DISTRICT ENVIRONMENTAL SERVICES

MOBILE FOOD FACILITY COMMISSARY SCHEDULE

MOBILE FOOD FACILITY NAME:		COMMISSARY NAME:
PERMIT #:	LICENSE PLATE #	COMMISSARY ADDRESS (Street #, Street Name, City, Zip Code):

Complete the table below with the time you check in at the commissary and the time you drop off your mobile food facility at the end of your operating day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Pick up Time							
Drop Off Time							

ROUTE SHEET – required for MFF CAT 4 & CAT 5’S ONLY

SPECIAL EVENTS ONLY

SINGLE LOCATION: _____

Street #	Street Name	City	Zip Code
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Days of Operation (Indicate Days and Times below):

<input type="checkbox"/> Sunday Start Time _____ Stop Time _____ <input type="checkbox"/> Monday Start Time _____ Stop Time _____ <input type="checkbox"/> Tuesday Start Time _____ Stop Time _____ <input type="checkbox"/> Wednesday Start Time _____ Stop Time _____	<input type="checkbox"/> Thursday Start Time _____ Stop Time _____ <input type="checkbox"/> Friday Start Time _____ Stop Time _____ <input type="checkbox"/> Saturday Start Time _____ Stop Time _____
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MULTIPLE LOCATIONS (Provide your current route location stops below):

*Restroom Agreement Letter required for locations exceeding 1 hour.

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										

I understand and agree that if I make any changes to commissary schedule, 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, suspension or revocation of the Environmental Health Permit or other legal action. The enforcement agency shall review and approve this form prior to implementation. Maintain a copy of this form on the mobile food facility at all times.

Owner name (print):	Owner Signature:	Date:
Email:	Website/Social Media:	