



COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

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APPLICATION TO OPERATE A MOBILE FOOD FACILITY

Facility Name/DBA			Facility Phone
Facility/Commissary 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	\$173.00
<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	\$443.00
<input type="checkbox"/>	Medium Risk Truck – Limited Food Preparation	\$624.00
<input type="checkbox"/>	High Risk Truck/Trailer – Full Food Preparation	\$774.00
<input type="checkbox"/>	MSU/Aux Conveyance – Mobile or Stationary Support Equipment	\$624.00
<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)

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:

Name of MFF: _____

PR #: _____ Risk Type: _____ Date: _____

Commissary Agreement Letter _____
Name of Commissary

_____ 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

Commissary Schedule/ Route Sheet

Written Operational Procedures

Menu/listing of all foods offered from mobile food facility (medium, high risk)

Food Manager/Food Handler Certificates _____ (medium, high risk)
of employees

Copy of a valid driver's license for all proposed drivers including owner

DMV registration (if applicable)

Business liability insurance naming Riverside County as an "additional insured" (high risk only)

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

All equipment shall be functional or ready to be checked at time of inspection. Refrigeration units at 41°F or below, heating units at 135°F or above

Hot running water at three compartment sink must reach a minimum of 120°F

LISTA DE VERIFICACIÓN PARA PERMISOS DE INSTALACIONES MÓVILES DE ALIMENTOS (MFF)

Antes de obtener un permiso, la siguiente información debe proporcionarse anualmente para las instalaciones móviles de alimentos:

Nombre de la Instalación Móvil de Alimentos: _____

PR #: _____ Nivel de Riesgo: _____ Fecha: _____

Carta de Acuerdo con un Economato (Comisario) _____
Nombre del Economato

_____ INICIAL La instalación móvil de alimentos debe almacenarse diariamente en el economato aprobado

_____ INICIAL El agua usada en las instalaciones móviles de alimentos tiene que venir únicamente de una fuente de agua potable directamente del economato aprobado (se aplica a todas las unidades con tanques de agua)

Horario del Economato/Hoja de Ruta

Procedimientos Operativos (por escrito)

Menú/lista de todos los alimentos ofrecidos en la instalación móvil de alimentos (mediano y alto riesgo)

Certificados de Administrador de Alimentos/Manipulador de Alimentos _____
(mediano y alto riesgo) Número de empleados

Copia de una licencia de conducir válida para todos los conductores, incluyendo el propietario

Registro del DMV (Si es aplicable)

Seguro de responsabilidad comercial que nombra al condado de Riverside como un "asegurado adicional" (solo para instalaciones de alto riesgo)

Análisis de tanques de agua dulce (todas las unidades con tanques de agua): resultados bacteriológicos de un laboratorio acreditado que indican que no hay presencia de bacterias coliformes o E.coli. Los resultados deben tener fecha dentro de 60 días posteriores a la obtención o renovación del permiso

Todo el equipo debe estar funcionando correctamente o listo para ser revisado en el momento de la inspección. Unidades de refrigeración a 41 °F o menos, unidades calientes a 135 °F o más

El agua caliente en el lavabo de tres compartimentos debe alcanzar un mínimo de 120°F