



# Mobile Food Facility Application

Date paid: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
OK to issue permit: \_\_\_\_\_

**Note:** Mobile Food Facilities operating exclusively at community events (i.e. fairs and Farmer's Markets) may be permitted as Temporary Food Facilities instead of as Mobile Food Facilities, provided all Temporary Food Facility requirements are met. Please contact the CA HCD at (916) 255-2532 for State Agency requirements that may pertain to your Mobile Food Facility.

## Mobile Food Facility Information

Application Type:  New  Renewal

Business Name: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Sticker #: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Telephone: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Significant food preparation  Limited food preparation  Pre-packaged only

Operational Schedule:  Su  Mo  Tu  We  Th  Fr  Sa

Location(s) of Operation: \_\_\_\_\_

## Commissary Information

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

### Commissary Use

(check all that apply)

- Food preparation
- Clean-up of mobile food facility
- Cooking
- Utensil washing
- Utensil storage
- 16+ft<sup>2</sup> refrigerated food storage
- 16+ft<sup>2</sup> food storage

**Note:** Commissaries need to have a current food facility Permit to Operate from the Butte County Public Health Department. Commissaries used for food preparation need to also have a Commissary Permit. Mobile Food Facilities are required to report to an approved Commissary every working day for necessary clean-up, storage, etc.

Update: October 23, 2014



### Water Source and Wastewater Disposal Information

Water storage tank     External source directly connected to facility during operation

Water obtained at (include business name and address if applicable): \_\_\_\_\_  
\_\_\_\_\_

Holding tanks are dumped at: \_\_\_\_\_

### Power Supply Information

Source:

Electricity     Inverter     Propane     Generator

Equipment Powered: \_\_\_\_\_  
\_\_\_\_\_

External source of electricity (if applicable):

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### Rest Room Facilities

Restroom Location (must be within 200 ft. of facility):

Same business used as source of electricity?     No     Yes (skip to signature line)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### Applicant Certification

**Commissary Owner Certification:** I certify that my facility is adequately equipped and permitted by Butte County Public Health Department to serve as a Commissary for this Mobile Food Facility.

Commissary Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Mobile Food Facility Owner Signature:** I certify that the information in this application is complete and accurate and that I have obtained permission by business owners as needed for providing water, disposing wastewater, providing electricity, and providing restroom facilities as needed.

Mobile Unit Owner: \_\_\_\_\_ Date: \_\_\_\_\_