



Mobile Food Facility Application

-Official Use Only-

Date paid: _____

Amount: _____

Receipt No. _____

OK to issue permit:
_____REHS

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 (919)-255-2501 for State Agency requirements that may pertain to your Mobile Food Facility.

Mobile Food Facility Information

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

Operation Schedule: Su Mo Tu We Th Fr Sa Hrs Open: _____

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+ft² refrigerated food storage
- 16+ft² 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.

Updated: July 25, 2011

TEL- 530.538.7281 | 202 MIRA LOMA DRIVE
FAX- 530.538.5339 | OROVILLE, CA 95965



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 Facility Information

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

I certify that my facility is adequately equipped and permitted by Butte County Public Health Department to service as a commissary for this mobile food facility.

Commissary Owner: _____ Date: _____

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: _____