



Inyo County Environmental Health

1360 North Main Street
 Bishop, CA 93514
 (760) 878-0238

MOBILE FOOD FACILITY (MFF) PERMIT TO OPERATE APPLICATION

ALL FEES MUST BE PAID BEFORE INSPECTION. PAYMENT ALONE DOES NOT GUARANTEE THE RIGHT TO OPERATE				
Intended Use	Check all that apply: <input type="checkbox"/> Enclosed truck <input type="checkbox"/> Enclosed trailer <input type="checkbox"/> Open-air trailer <input type="checkbox"/> Mobile support unit <input type="checkbox"/> Other			
	<input type="checkbox"/> Temporary events only		<input type="checkbox"/> Caterer	
<input type="checkbox"/> Potentially Hazardous Foods		<input type="checkbox"/> Non-potentially Hazardous Foods		<input type="checkbox"/> Prepackaged Foods Only
Owner Information	Owner Name (Last Name, First Name or Corporation)			
	Owner Address		City/State/Zip	Primary Phone
	Driver's License - ID Number	Driver's License - Exp Date		Alternate Phone
Business Information	Name of Business (DBA)		Business Phone Number	Business Email (for electronic correspondence)
	Valid Truck/Trailer Registration	HCD Insignia Number (if applicable)		Use of Mobile Support Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Commissary Name		Commissary Address	City/State/Zip
	Billing Name (Last Name, First Name/Corporation)			
Billing Address		City/State/Zip	Primary Phone	
TERMS & CONDITIONS	<i>I understand that failure to make the required corrections and/or repeat violations may result in re-inspection fees charged to my operations. Additional legal action (s) may be taken against my operations by Inyo County Environmental Health. I understand that failure to comply with the requirements of the California Retail Food Code may result in my operating permit being suspended and/or revoked. The undersigned hereby applies for a Permit to Operate in Inyo County and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fees and late penalties, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify Inyo County Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above. PERMITS AND FEES ARE NOT TRANSFERABLE.</i>			
	<i>Your permit to operate expires at the end of each calendar year. Your MFF must be inspected and receive a permit to operate. An MFF operating without a valid permit may be assessed a penalty of three times the permit fee.</i>			

Owner/Operator Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY				
AMOUNT DUE	AMOUNT PAID	PAYMENT TYPE <input type="checkbox"/> CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #: _____	DATE RECEIVED	REHS APPROVAL Date: _____ Initials: _____

OPERATING INFORMATION

1. Provide a copy of menu or complete list of all the food and beverage items that will be sold or distributed.
2. For operations engaging in food preparation, limited or otherwise, provide a completed Commissary Services Agreement Form.
****Note:** Cooling is NOT allowed in Unenclosed Limited Food Preparation Mobile Facilities. The food facility shall have adequate space and equipment to cool all food products including but not limited to working space, refrigeration, ice machines, shallow pans etc.
3. If the mobile vending unit (i.e. truck, trailer, etc.) will be stored in a location different from the commissary, please provide a copy of the rental/lease agreement for the storage location and a cleaning schedule.
4. Provide written permission from the landowner if operating on privately-owned property (i.e. business parking lot). If operating in a public right-of-way, provide a copy of the valid encroachment permit from the appropriate agency.

OPERATING SCHEDULE

Check all that apply: Enroute (operate in different locations throughout the day) Operate at temporary events
 Operate at a fixed location (restroom located within 200 ft.) Other: _____

Address of Operation	Days of Operation	Start time	End time
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		
	Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sa <input type="checkbox"/> Sun		

****Note:** This Department must be able to contact you to inspect your vehicle. Please contact Inyo County if any of the information above should change. Failure to provide update and accurate information may result in permit suspension.