



MOBILE FOOD FACILITY OPERATING SCHEDULE

IMPORTANT: We must be able to contact you in order to inspect your vehicle. Please contact this Division if any of the information below should change. Failure to provide accurate information may result in permit suspension.

MOBILE FOOD FACILITY INFORMATION

Mobile Food Facility Business Name	Food Vehicle License Plate #	Food Vehicle Contact Phone #
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Check one of the following boxes:

I plan on operating in one location. The street address is _____ in the city of _____ .
I will operate from _____ to _____ (time)

I plan on operating at many locations or on a route.

List all days, times and locations where you plan to operate. Attach additional pages if necessary. See Example.
If your operating location(s) or route change(s), you must resubmit this form to our office within three (3) business days.

DAY	START TIME	STOP TIME	STREET ADDRESS	CITY
Monday	5:00 AM	7:30 PM	385 N. Arrowhead Ave.	San Bernardino

**This form (FORM C) must be submitted to Environmental Health Services every 30 days.
Failure to submit FORM C may result in permit suspension.**

For Office Use Only		For Office Use Only		For Office Use Only		For Office Use Only		For Office Use Only	
Fee:	FA Number:	Record ID:			PE Number:				
Late Fee:	<input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:			Received By:			Date:	
Check One:	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate			Changes (please specify):					