



MOBILE FOOD FACILITY (MFF) OPERATING SCHEDULE

FORM
C

IMPORTANT: We must be able to contact you in order to inspect your vehicle. Please contact San Bernardino Environmental Health Services (EHS) if any of the information below should change. Failure to provide accurate information may result in permit suspension.

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

MFF INFORMATION

MFF Business Name:

Food Vehicle License Plate Number:

Food Vehicle Contact Number:

Check one of the following boxes:

I plan on operating in one location.

Street Address:

City:

Operating Start Time:

Operating End Time:

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

List all days, times and locations where you plan to operate, see example below. Attach additional pages if necessary.

If operating location(s) or route changes, you must resubmit this form to EHS within three (3) business days.

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

You must submit this form (Form C) to EHS every 30 days. Failure to submit Form C may result in permit suspension.

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):	