



## MOBILE FOOD FACILITY (MFF) PERMIT APPLICATIONS (VEHICLES/TRAILERS/CARTS)

**THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE**

**FACILITY INFORMATION**

First Date of Operation:	Former Facility Name (if applicable):		
Facility Name:			
Name of Contact:		Email:	
Address:		City:	State:    Zip:
Phone Number:	Alternate Phone Number:		Fax Number:

**LEGAL OWNER INFORMATION**

Owner of Facility:		Phone Number:	
Address:		City:	State:    Zip:

**INVOICE INFORMATION**

Name of Contact:			
Address:		City:	State:    Zip:

**COMPACT MOBILE FOOD OPERATIONS (CMFO) / CARTS Refer to Street Vending Handbook pg. 9**

Low Risk	Medium Risk	High Risk
<input type="checkbox"/> Prepackaged* NonPHF (Greater than 25 square feet)	<input type="checkbox"/> Prepackaged* PHF	<input type="checkbox"/> Limited Food Preparation (with raw meat, raw poultry or raw fish)
<input type="checkbox"/> Limited Food Preparation (hot/cold holding, dispensing, portioning, slicing/chopping)		

Describe the operation:

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Decal Number:

Commissary Information:     Form A (Inside San Bernardino County)     Form B (Outside of San Bernardino County)

**MOBILE FOOD FACILITIES (MFF) Refer to Street Vending Handbook pg. 9**

Low Risk	Medium Risk	High Risk
<input type="checkbox"/> Prepackaged Frozen or NonPHF	<input type="checkbox"/> Prepackaged PHF or Prepared NonPHF	<input type="checkbox"/> Food Preparation

Describe the operation:

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Do you operate in an [Unincorporated County Area](#)? (Muscoy, Bloomington, etc.)  Yes  No

**NOTE: MOBILE FOOD FACILITIES (MFFs) OPERATING IN UNINCORPORATED AREAS OF THE COUNTY MAY BE REQUIRED TO OBTAIN A BUSINESS LICENSE FROM THE CLERK OF THE BOARD.**

Driver's License Number:	License Plate Number:	VIN Number:	Make:	Year:	Decal Number:
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Commissary Information:     Form A (Inside San Bernardino County)     Form B (Outside of San Bernardino County)

**ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION.  
MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY**

Application and fee must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

**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.

I shall notify this agency in writing if I transfer ownership, discontinue operation or change billing address. Failure to do so may result in an obligation to pay health services fees and additional penalties.

I AM HEREBY APPLYING FOR HEALTH SERVICES AND PERMIT to establish and/or operate the business mentioned above, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and San Bernardino County pertaining to said business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

\_\_\_\_ **Initials** I understand that any construction, alteration or repair, including but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires Environmental Health Services (EHS) review and approval.

<input type="checkbox"/> <b>Electronic Signature Only:</b> By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.	Date:
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Signature: \_\_\_\_\_

Print Name: _____	Title: _____
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**For Office Use Only**

Fee:	FA Number:	Record ID:	Program Identifier:	PE Number:
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Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:	FDA Category:
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Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Service Request:	SB 1383 Tier Status:	Plan Checker Initials:
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# I want to start a food vending operation, what permit do I need?

PHF: Potentially Hazardous Foods  
 NON PHF: Nonpotentially Hazardous Foods  
 CMFO: Compact Mobile Food Operation that conducts limited food preparation  
 Motorized: Fully enclosed vehicles or fully enclosed trailers towed by a vehicle  
 Enclosed: the operator works inside of a truck or trailer  
 Unenclosed: the operator is not inside the operation

What type of food operation do you have?

Nonmotorized and Unenclosed

Enclosed and Motorized or towed by motorized vehicle

What do you plan to prepare and sell?

What do you plan to prepare and sell?

Prepackaged food items

Open food with limited food preparation

Prepackaged food items

Open food preparation

Prepackaged non PHF

Prepackaged PHF

NOT cooking raw meat

Cooking raw meat

Limited food preparation

Full food preparation\*\*\*

Permit may not be required\*

Low risk CMFO/Cart\*\*

Medium risk CMFO/Cart\*\*

High risk CMFO/Cart\*\*

Low risk MFF/Vehicle

Medium risk MFF/Vehicle

High risk MFF/Vehicle

\*Contact us to discuss your requirements

\*\*If a CMFO suits your needs, check out our [CMFO Risk Flyer](#).

Limited food preparation includes cutting fruit, steaming hot dogs, preparing coffee, shaved ice, etc. For a full definition for Limited Food Preparation, please see CalCode Ch. 2 113818

\*\*\*Full food preparation includes:

- Thawing
- Slicing and chopping of PHF
- Grinding raw ingredients or PHF
- Handling of any dairy or dairy products
- Washing of foods
- Cooking PHF for later use
- Cooling of cooked PHF



Public Health  
 Environmental Health Services

Plan check may be required for low risk operations.  
 Plan check is required for all medium and high risk operations.  
 For any questions, please contact Environmental Health Services at (800) 442-2283.