



**Monterey County Health Department**  
Division of Environmental Health  
Consumer Health Protection Services

**MOBILE FOOD FACILITY (MFF) RENEWAL PACKET**

Name of Mobile Food Facility: \_\_\_\_\_

Owner of Mobile Food Facility: \_\_\_\_\_

Physical Address of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**MONTEREY COUNTY OFFICE USE**

FA \_\_\_\_\_ PR \_\_\_\_\_ SR00 \_\_\_\_\_ Received by: \_\_\_\_\_

Date Paid: \_\_\_\_\_ IN: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Approved:  Yes /  No: \_\_\_\_\_

	EHS Name	EHS Signature	Date
--	----------	---------------	------

Comments: \_\_\_\_\_

**Salinas Office**  
1270 Natividad Road  
Salinas, CA 93906  
831-755-4505

**Monterey Office**  
1200 Aguajito Road, Suite 007  
Monterey, CA 93940  
831-647-7654

**King City Office**  
200 Broadway Ave, Suite 70  
King City, CA 93930  
831-386-6899

Website: [www.mtyhd.org/CH](http://www.mtyhd.org/CH)



# COMMISSARY AGREEMENT Mobile Food Facility (MFF)

New  Renewal

Date Verified: \_\_\_\_\_ OA initials: \_\_\_\_\_

This form is to be submitted with proposals for a Vehicle, Trailer, or Cart. Any foods sold or given away to the public must be prepared & stored in an approved facility. Food and food supplies used in a MFF **cannot** be stored or prepared from a private home.

## APPLICANT INFORMATION

Type of Facility:  MFPU  CART  MSU  Other: \_\_\_\_\_ For vehicles, License Plate #: \_\_\_\_\_

Name of MFF: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

*I, the above mentioned owner/operator will operate out of the commissary noted below. The vehicle will report the commissary at least once each operating day for cleaning and servicing. I will store the vehicle and equipment at the approved food facility or another EHB approved location, **not at a residence**. The facility will be providing the following services to my food operation (Check all that apply):*

1.  Disposal of garbage and rubbish from vehicle.
2.  Disposal of liquid waste from vehicle (wastewater – must dispose into sewer; cooking oil – must dispose in containers)
3.  Supply of potable water for vehicle water holding tank(s).
4.  Storage of food and related supplies. Storage area/shelves must be identified for dry products and for refrigerated products with MFF's business name.
5.  Supply food products. If different from commissary, provide location: \_\_\_\_\_
6.  Use of utensil washing facilities.
7.  Supply ice. Provide Business Name and Address if supplied from other location: \_\_\_\_\_
8.  Use of food preparation facilities. The following foods are prepared at the commissary: \_\_\_\_\_
9.  Overnight parking. Provide the following information if MFF is stored at another commercial location:  
Business Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the use of the commissary is discontinued, I will notify EHB at (831)755-4505 to make necessary changes. I understand the use of an unapproved facility for any of the operations above may lead to the revocation of my permit to operate.**

*\*\*This agreement expires one year from the date signed and must be completed annually.*

Print Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## COMMISSARY INFORMATION

Type of Facility:  Commissary  Restaurant  Rental Kitchen  Other: \_\_\_\_\_

Commissary Name: \_\_\_\_\_ FA#: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

*I, the commissary owner/operator, can and will provide the necessary facilities, as indicated by the applicant, at my commissary. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this commissary. In addition, I will notify EHB when this agreement is terminated.*

Print Name: \_\_\_\_\_ Signature of Commissary Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## OUT-OF-COUNTY COMMISSARY APPROVAL

*Applicant must enclose a copy of a valid Environmental Health Permit and obtain REHS signature from designated county.*

The above checked requirements are available at the proposed commissary/approved facility.

REHS Name: \_\_\_\_\_ REHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commissary permitted and approved by \_\_\_\_\_ County. Phone Number: \_\_\_\_\_



## MOBILE FOOD FACILITY (MFF) ROUTE/LOCATION SHEET

Operator is **required** to re-submit this form within 30 days of any changes.

Name of MFF: \_\_\_\_\_

Program Record #: \_\_\_\_\_ Facility ID #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

List your operation schedule in Monterey County in the spaces provided below.

Route(s) or Address(es) of the Location(s) and City	Days of Operation							Start Time	End Time
	M	T	W	TH	F	Sat	Sun		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

In addition, my current route information/location of operation is posted on our website:

Website/Social Media: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Alt Mobile #: \_\_\_\_\_

I understand and agree that if I make any changes to my route or business location, I must notify the Environmental Health Bureau (EHB) within 30 days. I further understand that failure to notify EHB of any changes may result in the suspension or revocation of my Health Permit to Operate as a Mobile Food Facility.

\_\_\_\_\_  
 Owner/Operator/Authorized Agent Signature      Print Name      Date

# Authorization for Use of Restroom Facilities and Wastewater Disposal

Mobile food facilities shall be operated within 200 feet travel distance of an approved and readily available toilet and hand washing facility to ensure that restroom facilities are available to facility employees whenever the mobile food facility is stopped to conduct business for more than a one-hour period (Section 114315(a)). **If parking at a stationary location for more than one hour, you must obtain approval from the local city planning department or Resource Management Agency (RMA) for unincorporated areas. Obtain their signature below to verify approval of stationary location.**

### *Approved Restroom within 200 feet & Authorized Use*

Are you operating at an APPROVED stationary location for more than one hour?:  No /  Yes

Approved by (Enforcement officer/Agency)- Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hours of operation \_\_: \_\_ a.m./p.m. to \_\_: \_\_ a.m./p.m. Provide address of stationary location below:

Address	City	Cross Street
---------	------	--------------

Is Mobile Food Facility equipped with Restroom:  No /  Yes

If Yes, Provide name of company that services restroom: \_\_\_\_\_

If No, Restroom location: \_\_\_\_\_  

Business Name	Address	City
---------------	---------	------

Business Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:  No /  Yes: Environmental Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of <b>Restroom Facility Owner</b>	Print Name	Date
---	------------	------

Signature of <b>Mobile Food Facility</b>	Print Name	Date
--	------------	------

### *Wastewater Disposal Approval & Authorized Use*

Use of facility for cleaning and servicing vehicle(s). Facility must have proper wastewater sewer connection. Provide Name, Address and City of other location if not available at commissary:

Business Name	Address	City/Zip Code
---------------	---------	---------------

Business Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:  No /  Yes: Environmental Health Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

# Mobile Food Menu (or attach menu with all ingredients)

(Menú para Unidad Móvil)

**Mobile Name** (Nombre de Instalación):

**Mobile Address** (Dirección de Instalación):

## Assembled Items (Artículos Ensamblados):

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Burritos                                     | <input type="checkbox"/> Pizza   | <input type="checkbox"/> Sandwiches (Tortas) |
| <input type="checkbox"/> Tacos  | <input type="checkbox"/> Tamales | <input type="checkbox"/> Poke Bowls          |
| <input type="checkbox"/> Other (Please list) Otro (Listar por favor): |                                  |  |

## Meat, Fish and Poultry (Check all that apply) Carne, Pescado y Carne de Ave (Marque todos los que aplican):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Al Pastor                                    | <input type="checkbox"/> Bacon (Tocino)                    | <input type="checkbox"/> Beef (Carne de Res)        |
| <input type="checkbox"/> Chicken (Pollo)                              | <input type="checkbox"/> Chorizo                           | <input type="checkbox"/> Fish (Pescado)             |
| <input type="checkbox"/> Goat (Chivo)                                 | <input type="checkbox"/> Ground Beef (Carne de Res Molida) | <input type="checkbox"/> Ham (Jamón)                |
| <input type="checkbox"/> Hotdogs                                      | <input type="checkbox"/> Lamb (Cordero)                    | <input type="checkbox"/> Lunch Meats (Carnes Frías) |
| <input type="checkbox"/> Polish Dogs (Hot Dogs Polacos)               | <input type="checkbox"/> Pork (Puerco)                     | <input type="checkbox"/> Sausage (Salchicha)        |
| <input type="checkbox"/> Shellfish (Mariscos)                         | <input type="checkbox"/> Shrimp (Camarón)                  | <input type="checkbox"/> Turkey (Pavo)              |
| <input type="checkbox"/> Other (Please list) Otro (Listar por favor): |  |   |

## Side Dishes (Check all that apply) Acompañamientos (Marque todos los que aplican):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Baked Beans (Frijoles Enlatados)             | <input type="checkbox"/> Boiled Beans (Frijoles de la Olla) | <input type="checkbox"/> Chili (Chile con/sin Carne) |
| <input type="checkbox"/> Corn (Elote)                                 | <input type="checkbox"/> Eggs (Huevos)                      | <input type="checkbox"/> French Fries (Papas fritas) |
| <input type="checkbox"/> Pasta  | <input type="checkbox"/> Refried Beans (Frijoles Refritos)  | <input type="checkbox"/> Rice (Arroz)                |
| <input type="checkbox"/> Other (Please list) Otro (Listar por favor): |   |  |

## Salads (Check all that apply) Ensaladas (Marque todos los que aplican):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ceviche                                      | <input type="checkbox"/> Chicken Salad (Ensalada de Pollo) | <input type="checkbox"/> Egg Salad (Ensalada de Huevo)   |
| <input type="checkbox"/> Fruit Salad (Ensalada de Fruta)              | <input type="checkbox"/> Green Salad (Ensalada Verde)      | <input type="checkbox"/> Pasta Salad (Ensalada de Pasta) |
| <input type="checkbox"/> Potato Salad (Ensalada de Papa)              | <input type="checkbox"/> Tuna Salad (Ensalada de Atún)     |  |
| <input type="checkbox"/> Other (Please list) Otro (Listar por favor): |  |  |

## Soups (Please list) Sopas (Listar por favor):

## Produce (Check all that apply) Productos (Marque todos los que aplican):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cabbage (Repollo)  | <input type="checkbox"/> Cilantro                 | <input type="checkbox"/> Cucumber (Pepino) |
| <input type="checkbox"/> Jalapeno Pepper (Chile Jalapeño)                         | <input type="checkbox"/> Lemon/Limes (Limón/Lima) | <input type="checkbox"/> Lettuce (Lechuga) |
| <input type="checkbox"/> Onion (Cebolla)  | <input type="checkbox"/> Radish (Rábano)          | <input type="checkbox"/> Tomato (Tomate)   |
| <input type="checkbox"/> Cut Fruit (Please list) Fruta Picada (Listar por favor): |   |  |

## Mobile Food Menu, Page 2 (or attach menu with all ingredients)

(Menú para Unidad Móvil)

<b>Condiments (Check all that apply) Condimentos (Marque todos los que aplican):</b>		
<input type="checkbox"/> Cheese (Please List) Queso (Listar por favor):		
<input type="checkbox"/> Guacamole	<input type="checkbox"/> Ketchup (Catsup)	<input type="checkbox"/> Mayonnaise (Mayonesa)
<input type="checkbox"/> Mustard (Mostaza)	<input type="checkbox"/> Nacho Cheese (Queso para Nachos)	<input type="checkbox"/> Pickles (Pepinillos)
<input type="checkbox"/> Relish (Pepinillo)	<input type="checkbox"/> Salsa	<input type="checkbox"/> Sour Cream (Crema)
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
<b>Prepackaged Foods (Check all that apply) Alimentos Pre-enpaquetados (Marque todos los que aplican):</b>		
<input type="checkbox"/> Candy (Dulces)	<input type="checkbox"/> Chips (Papitas Fritas)	<input type="checkbox"/> Cookies (Galletas)
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
<b>Other Snacks (Check all that apply) Otros Aperitivos (Marque todos los que aplican):</b>		
<input type="checkbox"/> Churros	<input type="checkbox"/> Ice Cream (Helados)	<input type="checkbox"/> Popcorn (Palomitas)
<input type="checkbox"/> Shaved Ice (Raspados)	<input type="checkbox"/> Soft Serve Ice Cream (Helado Blando)	
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
<b>Drinks (Check all that apply) Bebidas (Marque todos los que aplican):</b>		
<input type="checkbox"/> Bottled Water (Agua Embotellada)	<input type="checkbox"/> Canned Soda (Soda Enlatada)	<input type="checkbox"/> Champurrado
<input type="checkbox"/> Coffee (Café)	<input type="checkbox"/> Horchata	<input type="checkbox"/> Hot Chocolate (Chocolate Caliente)
<input type="checkbox"/> Tea (Té)		
<input type="checkbox"/> Other (Please list) Otro (Listar por favor):		
<b>Produce/Fruit Vehicle (Please list) Vehículo de Produce/Fruta (Listar por favor):</b>		
<b>NOTE:</b> If selling food other than whole produce (i.e. nuts, seasoning, etc) a commissary form is required.		
<b>NOTA:</b> Si la venta de alimento aparte de producto entero (es decir, nueces, condimentos, etc) se requiere una forma de la Comisaría.		

I, the owner/permittee of the Mobile Food Preparation Unit noted above, agree to adhere to the above menu. I will contact Monterey County Environmental Health Bureau if my menu and/or cooking equipment should change. I understand that if I am found to be operating non-approved cooking equipment and/or am serving food not approved by this department, my Environmental Health Permit will be revoked and I must stop operating until permission to continue operation by this department is received. (Yo, el propietario/titular de la Unidad de Preparación de Alimento Móvil notada arriba, acuerdo a adherir al menú notado arriba. Me pondré en contacto con el Condado de Monterey, oficina de Salud Ambiental si mi menú y/o equipo para cocinar cambiara. Entiendo que si me encontrara operando equipo de cocina no aprobado y/o sirviendo alimentos no aprobado por este departamento, mi Permiso de Salud Ambiental será revocado y debo dejar de operar hasta que se reciba de este departamento el permiso para continuar con la operación).

Signature of Mobile Food Unit Owner/Permittee Firma de Propietario/Titular de Unidad de Preparación de Alimento Móvil	Print Name Letra de Molde	Date Fecha
--	------------------------------	---------------