



COMPACT MOBILE FOOD OPERATION (CMFO) APPLICATION

TYPE OF APPLICATION

RENEWAL NEW BUSINESS ADDITIONAL VEHICLE/CART

**FOR COMPACT MOBILE FOOD PLAN REVIEW, SUBMIT THE PLAN CHECK FOOD PROGRAM APPLICATION.*

CMFO INFORMATION TYPE

CMFO PREPACKAGED ONLY, NO FOOD PREPARATION CMFO NON-MOTORIZED, LIMITED FOOD PREPARATION

COMPACT MOBILE FOOD OPERATION BUSINESS NAME: _____

SELECT OTHER BAY AREA COUNTIES WHERE YOU PLAN TO OPERATE OR ARE CURRENTLY PERMITTED:

ALAMEDA CONTRA COSTA SANTA CLARA SANTA CRUZ SAN FRANCISCO SOLANO OTHER _____

FACILITY INFORMATION

OWNER NAME: _____ PHONE #: _____ CELL #: _____

OWNER ADDRESS: _____ CITY/ST/ZIP: _____

E-MAIL: _____ WEBSITE: _____

IS MAILING ADDRESS DIFFERENT FROM OWNER ADDRESS? INDICATE BELOW. ALL CORRESPONDENCE WILL BE SENT TO OWNER ADDRESS UNLESS SPECIFIED. UPDATE INFORMATION? YES NO

MAILING ADDRESS/CITY/STATE/ZIP _____

CMFO TYPE OF BUSINESS

TYPE OF BUSINESS OPERATION: DRIVE A ROUTE OPERATE IN ONE LOCATION
 OPERATE AT TEMPORARY EVENTS OTHER (e.g., Off the Grid, etc.) _____

*Check with local cities/municipalities regarding additional requirements such as business license, encroachment permit, or peddler's permit.

ROUTE INFORMATION

	LOCATION/TEMP EVENT ADDRESS & CITY	DAYS OF OPERATION							START TIME	END TIME
		<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU		
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"/>		

LOCATION(S) OF RESTROOM: _____

The undersigned hereby applies for a Permit to Operate in San Mateo County and agrees to operate in accordance with all applicable local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit is required before continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. I agree to notify San Mateo County Environmental Health Services of any change in the type of business activity, name, billing address, commissary agreement, or ownership. PERMITS AND FEES ARE NOT TRANSFERABLE.

Print Owner/Representative: _____ Signature: _____ Date: _____



APPROVED LOCATION AGREEMENT FORM

SAN MATEO COUNTY COMMISSARY OUT-OF-COUNTY LOCATION* CMFO ENDORSEMENT

*REQUIRES OUT-OF-COUNTY ENVIRONMENTAL HEALTH VERIFICATION BELOW

FOR MULTIPLE LOCATIONS, SUBMIT A COMPLETED COMMISSARY FORM FOR EACH LOCATION.

LOCATION INFORMATION

APPROVED LOCATION NAME: _____ OPERATOR NAME: _____
 ADDRESS: _____ CITY/ZIP: _____
 PHONE #: _____ FAX #: _____
 E-MAIL: _____

LOCATION TYPE

RESTAURANT COMMERCIAL KITCHEN VEHICLE COMMISSARY OTHER _____

APPROVED LOCATION OWNER/OPERATOR AGREEMENT

I, APPROVED LOCATION OWNER/OPERATOR, WILL PROVIDE THE FOLLOWING SERVICES TO THE CMFO APPLICANT:

FOOD PREPARATION AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO	COOKING FACILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFRIGERATED/FROZEN FOOD STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOOD & EQUIPMENT DRY STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAREWASHING AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO	POTABLE WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIQUID WASTE DISPOSAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	GREASE/OIL DISPOSAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
GARBAGE DISPOSAL COOKING FACILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRICAL HOOK UP	<input type="checkbox"/> YES <input type="checkbox"/> NO
OVERNIGHT MFF STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ENCLOSED OVERNIGHT PARKING (CARTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO

I, COMMISSARY OWNER/OPERATOR or APPROVED LOCATION OWNER/OPERATOR, hereby declare that I hold a valid Environmental Health Services permit to operate a commissary as defined by the California Retail Food Code, Chapter 10 or approved location as stated in California Retail Food Code Chapter 11.7. **Note: Include copy of valid Health Permit for Out of County Commissaries. I will notify San Mateo County Environmental Health Services in writing of any change in the status of my operation, health permit, or upon termination of this agreement.*

Print Owner/Representative: _____ Signature: _____ Date: _____

CMFO OWNER/OPERATOR INFORMATION

I, CMFO, OWNER/OPERATOR, will operate out of the above-mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted above) [CRFC Sec. 114297]. I will store the CMFO at the approved commissary or another approved location overnight. I will notify San Mateo County Environmental Health Services in writing of any changes to this agreement.

CMFO BUSINESS NAME: _____

Print Owner/Representative: _____ Signature: _____ Date: _____

OUT OF COUNTY ENVIRONMENTAL HEALTH VERIFICATION

If the proposed approved location is outside of San Mateo County, the local environmental health jurisdiction shall verify the commissary health permit is valid by signing below. _____ County/City verifies the above-mentioned commissary meets the requirements of the California Retail Food Code, Section 114294-114297 and 114326. The above checked requirements are available at the commissary.

REHS Name: _____ Signature: _____ REHS #: _____

Phone #: _____ E-mail: _____ Date: _____



CMFO STANDARD OPERATING PROCEDURE (limited preparation only)

CMFO INFORMATION

CMFO BUSINESS NAME: _____

LIST ALL FOODS THAT WILL BE SOLD OR ATTACH A MENU:

1. WHERE IS FOOD PURCHASED FOR THE CMFO: _____

2. HOW IS THE FOOD TRANSPORTED FROM PURCHASE TO THE CMFO OR APPROVED LOCATION? _____

3. WHAT FOODS ARE PREPARED OR COOKED AT THE APPROVED LOCATION? _____

4. WHAT FOODS ARE PREPARED OR COOKED ON THE CMFO? _____

5. ARE ANY FOODS COOKED AHEAD THEN COOLED AND REHEATED AT A LATER TIME? WHERE AND HOW ARE THE FOODS COOLED? WHERE AND HOW ARE THEY REHEATED AND TO WHAT TEMPERATURE? _____

6. WHAT IS THE TEMPERATURE OF FOOD WHEN IT IS LOADED ON THE CMFO? _____

7. HOW OFTEN ARE HOT AND COLD FOOD TEMPERATURES TAKEN DURING SERVICE? _____

8. HOW IS THE REFRIGERATION UNIT POWERED DURING SERVICE? (GENERATOR, ELECTRICAL OUTLET, OTHER) _____

9. IF LIMITED PREPARATION IS CONDUCTED ON THE CMFO, HOW IS THE FINAL COOKING TEMPERATURE OF RAW PROTEINS CHECKED? _____

10. AFTER SERVICE, WHAT IS DONE WITH ANY FOODS IN HOT HOLDING UNITS? (E.G., STEAM TABLE) _____

11. WHERE IS FOOD STORED OVERNIGHT AND AT WHAT TEMPERATURE? (CHECK TEMPERATURE AT BEGINNING AND END OF DAY) _____

12. WHERE ARE UTENSILS AND EQUIPMENT CLEANED AND SANITIZED? (APPROVED LOCATION, OTHER) _____

13. WHERE IS WASTEWATER FROM THE TANKS DISCHARGED? (APPROVED LOCATION, OTHER) _____

14. WHERE IS THE CMFO CLEANED? _____

15. WHERE IS THE CMFO STORED OVERNIGHT? _____

I, CMFO OWNER/OPERATOR, will follow the Standard Operating Procedures (SOPs) approved by San Mateo County Environmental Health Services. I will notify San Mateo County Environmental Health Services in writing of any changes to these SOPs.

Print Owner/Representative: _____ Signature: _____ Date: _____