



MAJOR Mobile Food Facility Permit Application Instructions

(NOTE: MAJOR PLAN CHECKS ARE FOR NEW CONSTRUCTION, MAJOR REMODEL OR MOBILE FACILITIES THAT HAVE NOT BEEN PREVIOUSLY PERMITTED BY NEVADA COUNTY OR ANOTHER JURISDICTION)

The following is a step-by-step guide for persons wishing to obtain a Mobile Food Facility (MFF) permit in Nevada County. It is very important that you follow these instructions and complete the items in the order they are described.

1. **IMPORTANT:** Before you begin, please read through the enclosed document titled "*Plan Check Guidelines for Mobile Food Facilities*". Then submit the following to Nevada County Department of Environmental Health (NCDEH).
 - a. Submit Fee: Major Food Plan Check, PE 1216 = **\$1,905.60**
 - b. Agreement to Pay Form
 - c. Proposed Menu
 - d. Drawings: Submit complete sets of plans showing a detailed layout of vehicle. Drawings shall show all four (4) sides and a top view along with a complete plumbing diagram. Include the following: location of all sinks, equipment specification sheets, finish information for all surfaces, water tank and hot water heater specifications.
 - e. Shared Food Facility/Commissary Agreement
 - f. *Mobile Food Facility Written Operational Procedures*
 - g. *If you are doing new truck construction or remodeling, you will need to contact the State Housing and Community Development Department (HCD) for an inspection to meet California construction standards.*
2. Upon approval of the construction plans, construction or remodeling can begin. Once construction is complete, and after HCD approval, a construction inspection may be requested.

Please Note: A Major Plan Check fee includes eight (8) hours of service. Additional time may be billed at a rate of \$238.20/hr if necessary.
3. Upon receiving final approval from NCDEH, submit the following documents to complete the permitting process:
 - a. Application for Annual Environmental Health Certification of Operation
 - b. Submit Fee for Annual MFF Permit to Operate, PE 1634 = **\$595.50**
Please Note: The Environmental Health Certificate of Operation permit year begins January 1st and ends December 31st of each year. Fee may be pro-rated if applying after start of permit year.
 - c. Agreement to Pay Form

DO NOT OPERATE IN NEVADA COUNTY UNTIL RECEIVING YOUR PERMIT



Community Development Agency

Environmental Health Department

950 Maidu Avenue Suite #170 PH: (530) 265-1222 ext. 3
 PO BOX #599002 FAX: (530) 265-9854
 Nevada City, CA 95959 Env.Health@nevadacountyca.gov
www.nevadacountyca.gov

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.nevadacountyca.gov>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

 Signature Dated: _____ CDL# _____

 Printed Name Tel #: _____

THIS SECTION FOR OFFICE USE ONLY		
Service: _____	Program: _____	Job No: _____
Check #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____
Service: _____	Program: _____	Job No: _____
DPW #: _____	Project File #: _____	Billing Code: _____
Amount Collected: \$ _____	Receipt #: _____	Date of Receipt: _____



WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

Facility Name: _____ FA Number: _____

Location of Operation: _____

Business Owner Name: _____ Phone No. _____

Email: _____

Mailing Address: (street, city, zip) _____

*****Please provide a copy of your route if there are multiple locations.*****

Hours of Operation:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	<input type="checkbox"/> am <input type="checkbox"/> pm						
End	<input type="checkbox"/> am <input type="checkbox"/> pm						

AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES.
 Please note that any changes to the menu, equipment or procedures listed on this require prior approval by Nevada County Environmental Health.

1. Indicate the location where you will store food at the end of the day:

Address where Food is Stored: _____

2. Indicate the location where you will store the Mobile Food Facility at the end of the day.

Address where MFF is Stored: _____

3. Describe the procedure you will use to fill the MFF potable water tank and the location where it will be filled:

4. Describe the procedure you will use to empty the MFF waste water tank and the location where it will be emptied:

5. Describe the procedures you will use to clean and sanitize the potable water and waste tanks:

Tank	Cleaning Method	Sanitizing Method	How Often?
Potable Water			
Waste Water			

6. Name of facilities providing restroom facilities during hours of operation:

Name: _____ Site Address: _____

Name: _____ Site Address: _____

7. List equipment and utensils that will be used on the MFF. Please be specific on equipment's use and function.

For example: **Equipment:** Blender; **Intended Use:** Make Smoothies.

Equipment	Intended Use in Mobile Food Facility

8. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment and utensils during working hours and at the commissary:

	During Working Hours	At the Commissary
Clean		
Sanitize		

9. Indicate the specific sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
- Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Contact with a solution of 25 ppm available iodine for at least one minute.

Please check one option you will use:

- Commercial pre-mixed solution
- I will prepare my own sanitizer solution

Note: Appropriate test strips shall be on the MFF to check sanitizer concentration

10. Acknowledgement

I understand and agree that if I make changes to my operating procedures, I must notify Nevada County Department of Environmental Health within 7 days. Failure to notify Nevada County Department of Environmental Health of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____



**Community
Development
Agency**

Environmental Health Department

950 Maidu Avenue Suite #170 PH: (530) 265-1222 ext. 3
 PO BOX #599002 FAX: (530) 265-9854
 Nevada City, CA 95959 Env.Health@nevadacountyca.gov
www.nevadacountyca.gov

VERIFICATION FORM FOR RESTROOM USE and POWER SUPPLY FOR MOBILE FOOD FACILITIES (MFF)

NOTE: Anytime a Mobile Food Facility is parked at one location for more than one (1) hour, an approved restroom facility must be available for employee's to use within 200 feet of travel distance from MFF site.

MFF OWNER INFORMATION	
Name: _____	DBA: _____
Home Address: <i>(street, city, zip)</i> _____	
Site Address: <i>(street, city, zip)</i> _____	
Vehicle Make/Model: _____	License Plate Number: _____
Describe where the MFF is parked and typical hours of operation: _____	

BUSINESS OWNER INFORMATION	
Name: _____	Company: _____
Address: <i>(street, city, zip)</i> _____	
Phone: _____	Please check if you have the following: <input type="checkbox"/> Restroom <input type="checkbox"/> Power Supply
If using Generator, _____ KW.	

I, _____, owner of the restroom facility located at _____
 _____, grant full permission to the above mentioned Mobile Food Facility to use said restroom/ power
 supply during their business hours. I understand that the facility shall be maintained clean and sanitary with adequate
 supplies of soap and paper towels at all times.

OWNER SIGNATURE

DATE



COMMISSARY USAGE AGREEMENT

(Select one): Mobile Food Facility Caterer Temporary Food Facility Platform Kitchen Operation

Section 1 - To be completed by Applicant - Please print or type

Business Name: Permit #
Owner/Operator Name: Email:
Business Mailing Address:
City: State: Zip:
Home Phone: Bus. Phone:

I, hereby affirm the above information is current and accurate and I agree to utilize my commissary in accordance with California Retail Food Code requirements. If this commissary agreement is modified, expired or canceled by either myself or the commissary operator, I understand it is my responsibility to submit a new commissary agreement form to Environmental Health within 30 days to maintain a valid health permit.

Print Name & Title: Signature: Date:

Section 2 - To be completed by Commissary Owner/Operator- Please print or type

Commissary Name: Permit #:
Owner/Operator Name: Email:
Commissary Address: City: State:
Zip: Bus. Phone: Hours of Operation:

Is commissary located in Nevada County? Yes No If no, provide a copy of the current health permit from jurisdiction issuing the permit and a copy of the most recent inspection report.

I, commissary owner/operator, hereby declare the applicant stated above has permission to use my approved commissary, and will be provided following facilities and services (check all that apply):

- Space for sanitary food preparation/packaging
Storage of food, utensils and supplies
Hot/cold potable water for washing and sanitizing
Portable water for filling mobile water tanks
Liquid waste disposal
Garbage disposal
Grease waste bin
Electrical outlets/ hook-ups
Refrigerator/ freezer storage space
Dry food storage
Warewashing facilities/ 3-comp sink
Restrooms and janitorial sink
Handwashing facilities supplied with soap and paper towels in a dispenser
Use of NSF approved equipment
Other:

I, hereby affirm the information I provided is current, accurate and to the best of my knowledge meets California Retail Food Code requirements. I understand, if the food operator stated above, leaves my commissary, or if this contract is modified or expired, I am required to notify Environmental Health immediately. Email notification to: env.health@nevadacountyca.gov

Print Name & Title:

Signature: Date:



COMMISSARY VARIANCE

Note: This form is ONLY to be used when selected commissary cannot provide full/long term storage of equipment, vehicle, and shelf-stable goods. Add additional pages as needed to provide requested information.

Circle one: Caterer • Temporary Food Facility (TFF) • Platform Kitchen Operation (PKO)
Mobile Food Facility (MFF) • Compact Mobile Food Operation (CMFO)

A Commissary Variance is to be used in conjunction with the Commissary Kitchen, to comply with the following storage requirement: Operators of a Caterer, PKO, MFF, CMFO, TFF shall have NCDEH approved storage areas for utensils, cookware, equipment, pre-packaged non-potentially hazardous food items. There shall be no comingling of these named items in the home kitchen. Adequate clearly labeled shelf space or area shall be provided for the storage of utensils and other supplies. Potentially Hazardous Foods (PHFs) are absolutely not allowed to be stored outside of an approved commissary kitchen for these named operations. Storage Variance users may be subject to inspections upon variance approval. Any violations to this variance will be subject to permit suspension.

Preparation of Food is Absolutely Not Allowed at an Alternative Storage Location/Home

Business Name: Permit # (PR):
Owner/Operator Name: Email:
Business Mailing Address:
Alternate Storage Address:
Home Phone: Bus. Phone:

1. Please check the stored items at the Alternate Location and Describe how they will be stored:

Note: Utensils shall not be comingling with household utensils for personal, residential use.

Check all storage/amenities provided at the Alternate Location:

- [] Food Cart [] Truck Cleaning (Potable water tank can only be sanitized at commissary.)
[] Smoker/BBQ Grill [] Catering Equipment
[] Mobile Food Truck/Trailer (MFF) [] Food Equipment/Utensils
[] Compact Mobile Food Cart (CMFO) [] Dry Food Storage
[] Popcorn Kettle [] Other:

2. How will above items be stored:

3. Provide photos of storage area and containers noted above. Shall be included with this form.

4. Where do you plan to park your food truck/trailer?
(a) How is the area secured?
(b) Is the area secured from weather and vermin? How?

5. Provide photos of truck/trailer storage. Shall be included with this form.

I, hereby state that the above information is current. If this commissary variance agreement form is modified, I understand that it is my responsibility to provide a new form or update to Environmental Health.

Print Name & Title: Signature: Date:

Department Use Only
[] Approved [] Denied Reason:
REHS Signature: Print Name:
Date: Bus. Phone