



**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

MINOR Mobile Food Facility Permit Application Instructions

(Note: Minor Plan Checks are for **existing** mobile facilities that have 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 and Mobile Support Units*”.** Then submit the following to Nevada County Department of Environmental Health (NCDEH).
 - a. Submit Fee: Minor Food Plan Check, PE 1215 = **\$714.60**
 - b. Agreement to Pay Form
 - c. Proposed Menu
 - d. Drawings: Submit detailed layout of vehicle, including 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. *CCDEH Limited Food Prep Mobile Food Facilities Written Operational Procedures (2 pages)*

2. Then, call NCDEH to schedule an appointment with an inspector. At this appointment, you must bring your proposed MFF vehicle to **950 Maidu Ave., Nevada City, CA**, so that it may be inspected.

Please Note: A Minor Plan Check fee (1.a) includes 3 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



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: _____



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