



### **Mobile Food Facility (MFF) Plan Check Reciprocity Checklist**

The Nevada County Department of Environmental Health (NCDEH) MFF reciprocity program is limited to those facilities that are currently permitted from another California County. An inspection of the vehicle will need to be made at the Nevada County government center and will require a 1-hour inspection fee of \$238.20. This fee will need to be collected before the inspection can be scheduled. If the applicant passes the inspection, the fee will be applied to their annual MFF operational health permit. If the applicant does not pass the inspection, the fee will apply towards a minor plan check, should the applicant choose to proceed in the process.

Submit the following items with the MFF reciprocity application packet:

- \_\_\_ 1. An agreement to pay form (ATP). (attached to this packet)
- \_\_\_ 2. An inspection fee of \$238.20
- \_\_\_ 3. A copy of the current operational health permit from another California County.
- \_\_\_ 4. A copy of the most recent health inspection report from that same California County where the permit is issued.
- \_\_\_ 5. A commissary verification/agreement form. (attached to this packet)
- \_\_\_ 6. A restroom agreement form if the vehicle is to be parked in one location for more than an hour.  
(attached to this packet)
- \_\_\_ 7. A simple drawing of the vehicle.
- \_\_\_ 8. Potable water tank information, including size, location and material.  
Size: \_\_\_\_\_ Location: \_\_\_\_\_ Material: \_\_\_\_\_
- \_\_\_ 9. Wastewater tank information, including size, location and material.  
Size: \_\_\_\_\_ Location: \_\_\_\_\_ Material: \_\_\_\_\_
- \_\_\_ 10. Water heater information, including size, make and model.  
Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_
- \_\_\_ 11. A menu of planned food offerings.
- \_\_\_ 12. The NCDEH written operational procedures form. (attached to this email)
- \_\_\_ 13. A photo of your HCD insignia.



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.mynevadacounty.com

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:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and 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.

Printed Name: \_\_\_\_\_ Dated: \_\_\_\_\_ CDL# \_\_\_\_\_
Signature: \_\_\_\_\_

THIS SECTION FOR OFFICE USE ONLY

Form with two rows for service details. Each row includes fields for Service, Amount, Check #, Program, Receipt #, Job No, and 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
<b>Start</b>	<input type="checkbox"/> am <input type="checkbox"/> pm						
<b>End</b>	<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: \_\_\_\_\_

**OFFICE USE ONLY**

Reviewer of Operational Procedures: \_\_\_\_\_, REHS

Date Approved: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_





## 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: *(street, city, zip)* \_\_\_\_\_

Site Address: *(street, city, zip)* \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Describe where the MFF is parked and typical hours of operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BUSINESS OWNER INFORMATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: *(street, city, zip)* \_\_\_\_\_

Phone: \_\_\_\_\_ Please check if you have the following:     Restroom     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



Community Development Agency

# Environmental Health

Env.Health@nevadacountyca.gov  
www.nevadacountyca.gov/eh

950 Maidu Avenue, Suite 170  
PO BOX 599002  
Nevada City, CA 95959

PH: (530) 265-1222 ext. 3  
FAX: (530) 265-9854

## 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. I understand I must report to my commissary once per operating day and maintain a Usage Log on site at the commissary. Failure to comply with the above stated requirements may result in permit revocation.

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 in a dispenser |
| Garbage disposal                                  | Use of NSF approved equipment   |
| Grease waste bin                                  | Other: _____  |
| Electrical outlets/ hook-ups                      |   |

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