

## MOBILE FOOD FACILITIES APPLICATION FOR PERMIT

Please make sure the writing is as clear as possible. (An illegible application will result in a delay or denial of a permit.) Shaded areas are for DER office use only.

MOBILE FOOD FACILITY INFORMATION		
Business Name		
Vehicle Make Model: Model:		Year
License # VIN:		
Type of Vehicle		
Operator's Name		
Operator's Address		
City	State	Zip
Phone Email:		
Owner's Name		
Owner's Address		
City	State	Zip
Phone Email:		
PROPOSED MENU (Available menu is subject to the approval of this department.)		
	Prepackaged	Not Approved
I, the above-mentioned MFF owner/operator have answered the questions to the best of my knowledge. If any of the above information has changed, I will notify the Stanislaus County Department of Environmental Resources to make the necessary changes immediately. MFF operator's Signature: <b>X</b> Date: <b>X</b>		
DER USE ONLY (Permit to operate is subject to approval from other applicable agencies.)		
Type of Operation MFF MFF w/ Limited Food Prep. Community Event ONLY Permit:		
Permit Expires On: / / Comment:		

Approved by:

Date:

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