

DEPARTMENT OF ENVIRONMENTAL RESOURCES

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MOBILE FOOD FACILITY VENDING LOCATION VERIFICATION

Please make sure the writing is as clear as possible. (An illegible application will result in a delay or denial of a permit.)

MOBILE FOOD FAC	CILITY INFORM	IATION					
Business Name				L	icense #		
Vehicle Make		Model	Year	E	□ Cart		
Permittee's Name				Р	hone		
Address							
City				S	State	Zip	
PROPOSED VENDING LOCATION							
Property Address				A	A.P.N.		
City				S	State	Zip	
Power Type	Plug-in	Generate	or 🗆 Invert	er ⊏	Other		
Owner's Name (print)					Phone		
Owner's Signature				C	Date:		
Planning Department Office Use Only							
Planning Agency		Planner		-	Zoning Designation		
Approved Location 🗆 Yes 🗅 No Reason for denial, if applicable							
Planner's Signature					Date:		

The business listed below has given us permission to set up our Mobile Food Unit within 200 feet of their property for the use of toilet and hand-washing facilities. The restroom must provide:

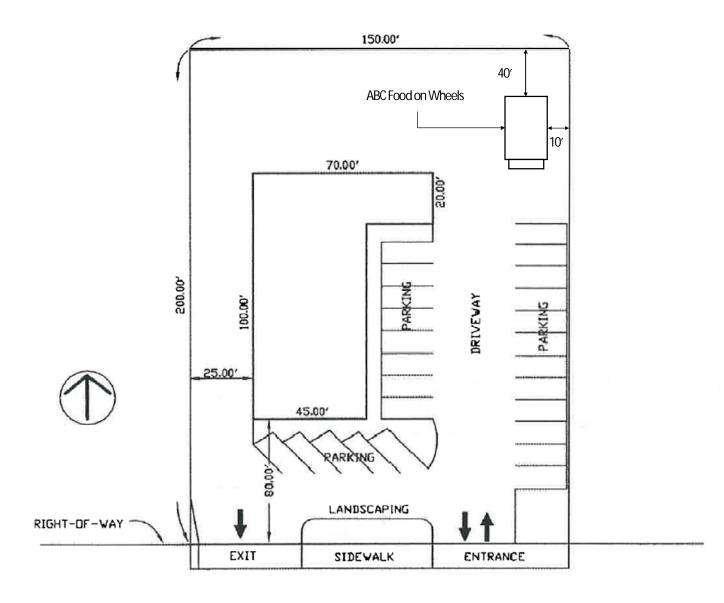
- □ The proposed restroom is to be in an operational business.
- □ Hot (100°F) and cold potable water under pressure are to be available.
- D Must be available at all times while the mobile food facility is operating.
- □ Sanitary restroom with operating toilet, soap and paper towel dispensers.

RESTROOM FACILITY INFORMATION

Company Name						
Address						
City	State Zip					
Days/Hours of Operation						
Business Owner's Manager's Name (print)	Phone					
Signature:	Date:					
Department of Environmental Resources Use Only						
Approved Location	Reason for denial, if applicable					
Inspector's Signature	Date:					

• The operational location for the MFF must have the approval of the local zoning agency prior to the final approval of DER. F:\data\Environmental Health\Food\MFF form\MFF Vending Location (Restroom Letter) 3.3.23.doc

EXAMPLE PLOT PLAN



STREET