

## DEPARTMENT OF ENVIRONMENTAL RESOURCES

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## 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 FA	CILITY IN	FORMATION					
Business Name							
Vehicle Make	Model:					Year	
License #			VIN:				
Type of Vehicle	□ Trailer	□ Self-prope	lled Vehicle	□ Enroute	□ Other:		
Permit Applicant's I	Name						
Permit Applicant's	Address						
City					State	Zip	
Phone	-	-		Email:			
Operator's Name							
Operator's Address	3						
City					State	Zip	
Phone	-	-		Email:			
PROPOSED MENU (Available menu is subject to the approval of this Department.)							
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
					□ Prepackaged	□ Not Approved	
I, the above-mentioned permit applicant, 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.							
Permit Applicant's	Signature:				Date:		
DER USE ONLY (F	Permit to c	perate is subje	ect to appro	val from othe	er applicable agenc	ies.)	
Type of Operation	□ MFF	□ MFF w/ Limit	ted Food Pre	p. 🗆 Comm	unity Event Only	Permit:	
Permit Expires On:			Comment:				
Approved by:					Date:		