



Health, Housing & Community Services
Environmental Health Division

How to Obtain a Permit to Operate a Mobile Food Facility

To prepare and sell food to the general public you must have a vehicle/cart that is inspected and has a permit from the City of Berkeley Environmental Health Division. To obtain a health permit to sell food you must meet the requirements as outlined below. Bring your vehicle with the completed application, restroom authorization, commissary authorization and current Department of Motor Vehicle registration to our office.

Vehicle inspection is by appointment only.

Name and Address on both sides of the Vehicle/Cart

1. The name of the facility, city, state, zip code, and name of the permittee (if different from the name of the facility) shall be legible, clearly visible.
2. This information shall be permanently indicated on at least two sides of the exterior of the vehicle.

Requirement	Minimum Letter Size
Facility Name	3 inch high
City, State, Zip Code	1 inch high
Permittee Name (if different than facility)	1 inch high

3. The color of the letters shall contrast with the color of the exterior of the vehicle.

Restroom and Hand Washing Facilities

1. Mobile Food Vehicle/Carts operating at a fixed location must be located within 200 feet of approved restrooms.
2. The restroom must be equipped with hot and cold running water, soap and towels in permanently mounted dispensers.
3. The authorization must be signed by the owner of the restrooms.
4. The use of restrooms in a personal residence is prohibited.
5. Adhere policy for restrooms.

Food Storage – Commissary

1. Mobile Food Vehicle/Carts must operate out of an approved commissary.
2. Mobile Food Vehicle/Carts must go to the commissary at least once daily to get food and supplies, to be cleaned, and to store left over unused food.
3. All food and supplies must be from an approved source.
4. No food can be made at home.

5. No food products or supplies may be stored at your personal residence.
6. The operator of the commissary must sign the Commissary form in the appropriate place and check the facilities you are using.

Itinerary (Service Route)

Mobile Food Vehicle/Carts not operating at a fixed location must provide an itinerary of the sites where food will be sold.

Insignia of Approval

An insignia of approval issued by the California Department of Housing and Community Development is required for all Mobile Food Vehicle/Carts which are occupied during normal business operations. Insignia of Approval must be obtained prior to submitting the application packet and payment of fees. You must complete and submit Application #HCD415 to get an insignia of approval and request an inspection. Their address is California Department of Housing and Community Development, 9342 Tech Center Drive, Suite 550, Sacramento, CA 95826. The contact phone number for the northern area office on Sacramento is (916) 255-2532.

Food Safety Certification

At least one person working on the vehicle must be certified in food safety. Information regarding this requirement is attached. Bring the original certificate with you when obtaining the permit to operate.

Mobile Food Vehicles/Carts Must Operate within the following conditions:

1. All equipment, cabinets and compartments shall be smooth, readily accessible, and cleanable. No unfinished wood. Construction joints must be tight fitting. Equipment and utensils shall be constructed of non-toxic materials.
2. The sale of cigarettes is prohibited.
3. All food must be cooked and kept inside the vehicle.
4. Barbeques are not allowed.
5. Vehicles/Carts must have hot and cold running water at all times while operating.

Permits Required

1. Mobile Food Facility/Vehicle must be inspected, health permit application approved, and full permit fees paid (including processing fee) prior to the selling of any food.
2. The health permit is valid between January 1 & December 31 of each year. Fees are subject to change. The current annual fees are:

Category	Full Annual Fee	Prorate/Calculate Current Annual Fee for Remaining Months of Year	One-time Processing Fee
Full/Limited Cook Food Prep	\$704	Prorate for remaining months	\$182
Prepackaged Food (PHF)	\$406	Prorate for remaining months	\$182
Prepackaged Food (Non-PHF)	\$182	Prorate for remaining months	\$182

3. The health permit is renewed every year. You will receive an invoice renewal in the mail by first week of December. Invoice must be paid within 30 days of receipt to receive a valid health permit for the upcoming year.



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MOBILE FOOD FACILITY HEALTH PERMIT APPLICATION FORM

Facility Name (DBA): _____			
Facility Address: _____		City/State/Zip Code: _____	
Commissary Address: _____			
Owner Name: _____			
Mailing Address: _____			
Home Phone: _____		Business Phone: _____	Fax: _____
Vehicle Information:	Vehicle Make & Model: _____		License Number: _____
Type of Facility:	<input type="checkbox"/> Push Cart <input type="checkbox"/> Ice Cream Push Cart <input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Coffee Cart	<input type="checkbox"/> Produce Vehicle <input type="checkbox"/> Retail Sales Vehicle <input type="checkbox"/> Ice Cream Truck <input type="checkbox"/> Catering Truck	<input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Other (Describe) _____
Foods Sold:	_____		
Food Safety (Not required for whole produce vendors):			
Name of Certified Person: _____		Expiration Date: _____	
Other Forms that must be Completed with the Application			
Produce Vehicles:	Push Carts/Ice Cream:	Carts/Retail Sales	Mobile Food Vehicles:
___ DMV Registration ___ Restroom Authorization	___ DMV Registration ___ Commissary Authorization	Catering Trucks: ___ DMV Registration ___ Restroom Authorization ___ Operational Plan ___ Itinerary	___ DMV Registration ___ Restroom Authorization ___ Commissary Authorization ___ Operational Plan ___ Itinerary ___ Food Safety Certificate ___ Insignia of Approval
<p>Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinance. I hereby state, under the penalty of perjury, that the above information is current and true to the best of my knowledge and agree to operate in accordance with the California Health and Safety Code (Division 104, Part 7, Chapter 4).</p> <p>I understand that the sale of food stored and/or prepared in a private residence is prohibited. Water and ice must be obtained at the commissary.</p>			
Signature of Applicant: _____		Print Name: _____	Date: _____



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COMMISSARY VERIFICATION FORM

To be Completed by the Commissary Owner/Manager

“**Commissary**” means a food establishment in which food, containers, equipment, or supplies are stored or handled for use in mobile food facility, mobile food preparation unit, and food carts.

NOTE: Please notify this department within five (5) working days if the applicant stops using your facility.

Applicant’s Name: _____ **Vehicle License #:** _____

Doing Business as: _____

Commissary Name:	
Address:	City: ZipCode:
Business Phone:	County Location:
Name of Commissary Owner/Manager:	

Please check all appropriate services that are provided:

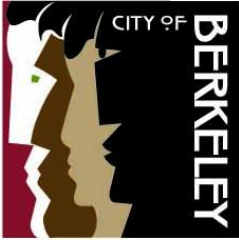
- | | |
|---|--|
| <input type="checkbox"/> Safe and sanitary wastewater disposal
<input type="checkbox"/> Sanitary delivery of potable water
<input type="checkbox"/> Sanitary disposal of rubbish and garbage
<input type="checkbox"/> Hot and Cold water for vehicle cleaning
<input type="checkbox"/> Approved food preparation area
<input type="checkbox"/> Adequate number of approved electrical hook-ups
<input type="checkbox"/> Approved utensil washing sink
<input type="checkbox"/> Other services: _____ | <input type="checkbox"/> NSF approved equipment
<input type="checkbox"/> Approved food storage facilities
<input type="checkbox"/> Maintain service records
<input type="checkbox"/> Approved janitorial sink
<input type="checkbox"/> Facilities to repair vehicles
<input type="checkbox"/> Overnight vehicle storage
<input type="checkbox"/> Approved toilet and hand washing facilities |
|---|--|

I hereby state that the information I have provided is current, true and correct to the best of my knowledge and meets the California Health and Safety Code requirements. I will inform the City of Berkeley Division of Environmental Health within five (5) days if the applicant stops utilizing my facility.

Commissary Owner/Manager Signature: _____ **Date:** _____

ENVIRONMENTAL HEALTH DIVISION: If the commissary is outside of the City of Berkeley, the local environmental health jurisdiction shall verify current commissary health permit by signing below. Commissary is in _____ County. The facility above meets commissary requirements (CalCode, Chapter 10, Section 114211, 114245.1, 114294, 114326-114327). The above checked services are available at the proposed commissary.

Signature of County REHS: _____ **Date:** _____



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Authorization for Use of Restroom Facilities

Mobile food facilities shall be operated within 200 feet travel distance of approved and readily available toilet and hand washing facilities to ensure restroom facilities are available to facility employees whenever the food facility is stopped to conduct business for more than a one-hour period.

This form is to be completed and signed by the owner/operator of the business providing the restroom facilities for a mobile food facility which will be operating at a fixed location for more than one hour.

Business Name:		Phone:
Business Address:		City/State/Zip:
Days of Operation:	Hours of Operation:	

Your signature on the line below indicates that you agree to allow the mobile facility known as

Name of Mobile Food Facility:
Mobile Food Facility License Plate Number:

to use your restroom facilities. The restroom has a hand washing sink equipped with hot and cold running water, a self-mixing faucet, and is supplied as needed with soap and single service towels in permanently mounted dispensers.

Signature of Owner/Manager

Print Name

Date

Signature of Mobile Food Facility Operator

Print Name

Date



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MOBILE FOOD FACILITY OPERATING SCHEDULE

Important:

We must be able to contact you to inspect your vehicle. Please contact this Division if any of the information below should change. Failure to provide accurate information may result in permit suspension.

Name of Mobile Food Business:	
Mobile Food Vehicle License Plate Number:	
Mobile Food Vehicle Contact Cell Phone Number:	Email:
Check one of the following boxes:	
<input type="checkbox"/> I plan on operating in one location. The address is _____ in Berkeley. I will operate from _____ am/pm to _____ am/pm.	
<input type="checkbox"/> I plan on operating at many locations or on a route. Please specify below.	

List all days, times and locations within the City of Berkeley limits, and where you plan to operate. Attach additional pages if necessary. See sample. If you're operating location(s) or route changes, you must inform our office by calling (510) 981-5310.

Monday-Friday	Hours of Operation (Between)	Berkeley Stops/Streets Address /Location/Stop
	Between: _____ am/pm	
	Between: _____ am/pm	
	Between: _____ am/pm	
	Between: _____ am/pm	
	Between: _____ am/pm	
	Between: _____ am/pm	

--Continued on Reverse Side if needed--