

DEPARTMENT OF HEALTH SERVICES

Environmental Health • 625 5th Street, Santa Rosa, CA 95404 • 707-565-6565 • EH@sonoma-county.org https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

MOBILE FOOD FACILITY (MFF) PLAN REVIEW APPLICATION

	Type (Check one):	∃Truck □ Trailer □] Cart		
Mobile Food Facility Business Name			Type of Food		
Name on Mobile Food Facility Sign			Business Phone	e	
Commissary Address				Ste #	
City		Zip	Email Address		
Owner Name (s)					
Mailing Address					
City	State	Zip	Email Address		
Contact Name (s)			Phone		
Mailing Address				Ste #	
City	State	Zip	Email Address		
Make and Model of Vehicle:					
Vehicle License Plate #:					
Occupiable truck/trailer— Housing and Commun Please provide the following with MFF plan review apples of plans OR Two sets of plans, drawn to scale— [] One copy of each technical specification sheet (user [] Completed MFF plan submittal checklist [] Two-hour plan review fee (see fee schedule) [] List of foods to be served from MFF———————————————————————————————————	plication: -drawing showing all four smanual) for all MFF equipmeck all that apply): ng	with cooking Preparts being submitted to Environment time) are separate fial paid plan check fees woperational permit applica	nbing diagram (if applicature make and model ackaged/Produce foo onmental Health. The ploom the operational permill be due prior to submittion and fee must be su	cable) of MFF number(s) d only ans will not be approved until all the required nit fee. Plan check fees are a prepaid estimate ttal of a mobile food facility permit application. bmitted. If a food facility opens for business	
Applicant Signature				Date	
Print Name		Title			
For office use only:					
Application Date			FA#	SR#	
Plans Reviewed by Date					
□Cash □Check/Credit Card Trans#					
Comments		v)			
Comments					