



**Division of Environmental Health**

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**MOBILE FOOD FACILITY (MFF) – PRE-APPLICATION CONSULTATION**

Unless plan review application, fee, and supportive documentation is submitted, a Pre-application Consultation is required prior to the Division of Environmental Health (DEH) accepting an application to operate a Mobile Food Facility (MFF). The consultation is intended to allow time for DEH Inspectors to identify and communicate any potential permitting barriers to your proposed MFF. Consultations should be scheduled as early as possible in the process and prior to purchasing any items or equipment. Be advised that consultations may also be required at the time of change of ownership or menu change.

**Instructions:**

1. Complete this form and submit with the proposed menu and required fee to DEH.
2. Attach copies of documents (e.g., floor plan, proposed route plan, menu).

An inspector will contact you to establish a date and time to meet upon receipt of this form and payment.

**PURPOSE OF CONSULTATION**

<input type="checkbox"/> I am a prospective operator/owner	<input type="checkbox"/> There is a change of ownership
<input type="checkbox"/> There has been a menu change (see attached)	<input type="checkbox"/> I am purchasing a MFF previously permitted in another County
<b>My MFF is (check all that apply):</b>	
<input type="checkbox"/> Non-motorized	<input type="checkbox"/> Fully Enclosed
<input type="checkbox"/> Trailered	<input type="checkbox"/> Coach
<input type="checkbox"/> Cart	<input type="checkbox"/> Other: .....

**Current Use** (existing MFF name, if applicable): \_\_\_\_\_

**Proposed Operation** (include locations and operating hours, attach route plan if more room is needed):  
 \_\_\_\_\_  
 \_\_\_\_\_

I have attached additional information including, but not limited to: MFF floor plan, proposed route plan, menu, etc.

**REQUIRED INFORMATION**

<b>Applicant Name:</b>	
<b>Mailing Address:</b> Street	City & Zip
<b>E-mail address:</b>	<b>Phone number:</b>

I understand that other agencies have other requirements and that this review is not an approval to construct or operate a facility.

<b>Commissary:</b> Street	City & Zip
<b>Assessor's Parcel Number</b> (if commissary is on an Onsite Wastewater Treatment System):	

<b>MFF Owner:</b>	
<b>Mailing Address:</b> Street	City & Zip
<b>E-mail address:</b>	<b>Business phone:</b>

*I hereby grant 'right of entry' for inspection purposes*

<b>Owner Signature:</b>	<b>Date:</b>
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If paid by Credit Card: Date and amount paid

Confirmation #:

<b>Veteran Exemption verified by:</b>	<b>* FOR OFFICE USE ONLY *</b>	<b>O.P confirmed by:</b>
<b>Permit fee</b> (PE 1657) <input type="checkbox"/> Cash	<b>Receipt number</b>	<b>OA Initials and date entered:</b>
\$ <input type="checkbox"/> Check #:.....	<b>Link to SR number</b>	<b>FA#</b>
<b>Invoice number</b>		

<b>Completed By:</b>	<b>Signature Date:</b>
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**Inspector’s Checklist**

**Inspectors Notes**

- Pictures
    - All four exterior sides License plate
    - Interior Entrance Escape hatch
    - CDHCD insignia
  - List all appliances in the vehicle
  - Commissary agreement (CalCode 114295)
    - Vehicle storage
    - Food storage and prep; rapid cooling
    - Daily servicing/cleaning
    - Discard hot held foods at the end of each day
    - Wastewater discharge location
    - Potable water fill location/source
  - Restroom agreement
  - Potable Water and wastewater (CalCode Ch. 7 Article 3)
    - Potable water inlet protected
    - Potable water hose approved
    - Wastewater tank in good condition; sized 150% of potable water tank, not < 7.5 gallons
    - Air vents installed per CalCode 114213
  - Confirm MFF is vermin proof
  - Fully enclosed aisle way (30” by 74”)
  - Electrical power provided for mechanical refrigeration
  - Water heater greater than 4 gallons
  - Proposed changes by operator
    - HCD Inspection Form (HCD-415)
    - Plan check required by DEH
  - Safety Requirements
    - First Aid Kit Fire extinguisher
    - Second exit (CA RFC 114323)
  - Adequate handwashing facilities
  - Approved warewashing facilities
  - Storage space for nonfood items/chemicals
  - Truck supports menu proposed
  - Signage and identification of owner per CalCode 114299
- Remodel required due to deficiencies?  Yes  No
- Remodel requires DEH plan review?  Yes  No

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