



DEPARTMENT OF ENVIRONMENTAL RESOURCES

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www.stancounty.com

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 FACILITY INFORMATION

Business Name

Vehicle Make Model: Year

License # VIN:

Type of Vehicle Trailer Self-propelled Vehicle Enroute Other:

Operator's Name

Operator's Address

City State Zip

Phone - - Email:

Owner's Name

Owner's Address

City State Zip

Phone - - Email:

PROPOSED MENU (Available menu is subject to the approval of this department.)

<input type="checkbox"/> Prepackaged	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Prepackaged	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Prepackaged	<input type="checkbox"/> Not Approved
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<input type="checkbox"/> Prepackaged	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Prepackaged	<input type="checkbox"/> Not Approved

I, the above-mentioned MFF owner/operator 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.

MFF operator's Signature: **X**

Date: **X**

DER USE ONLY (Permit to operate is subject to approval from other applicable agencies.)

Type of Operation MFF MFF w/ Limited Food Prep. Community Event ONLY Permit:

Comment:

Approved by:

Date: