

DEPARTMENT OF ENVIRONMENTAL RESOURCES

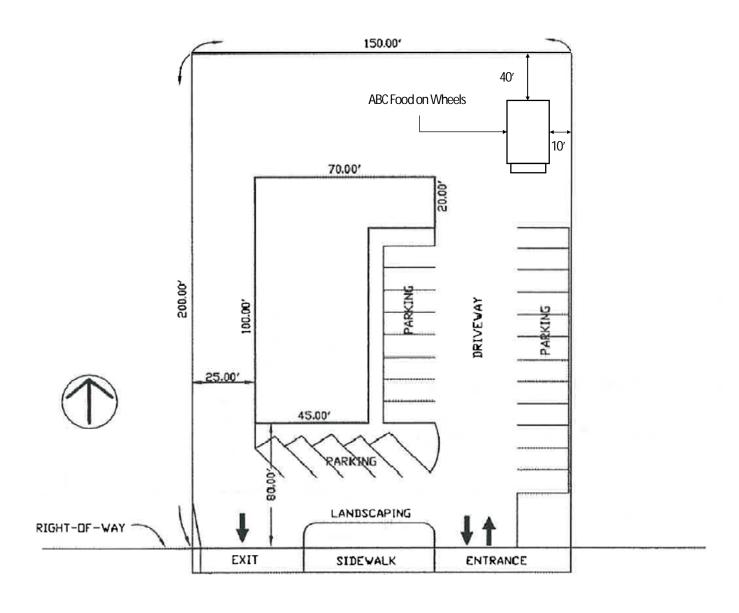
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MOBILE FOOD FACILITY VENDING LOCATION VERIFICATION

Please make sure the writing is as clear as possible. (An illegible application will result in a delay or denial of a permit.)					
MOBILE FOOD FAC	ILITY INFORMAT	ION			
Business Name				License #	
□ Vehicle Make	Model		Year	□ Cart	
Permittee's Name				Phone	
Address					
City				State	Zip
PROPOSED VENDING LOCATION					
Property Address				A.P.N.	
City				State	Zip
Power Type	□ Plug-in	□ Generator	□ Inverter	□ Other	
Owner's Name (print)			Phone	
Owner's Signature				Date:	
Planning Department Office Use Only					
Planning Agency	cy Planner			Zoning Designation	
Approved Location Yes No Reason for denial, if applicable					
Planner's Signature				Date:	
The business listed below has given us permission to set up our Mobile Food Unit within 200 feet of their property for the use of toilet and hand-washing facilities. The restroom must provide:					
□ The proposed restroom is to be in an operational business.					
□ Hot (100°F) and cold potable water under pressure are to be available.					
Must be available at all times while the mobile food facility is operating.					
□ Sanitary restroom with operating toilet, soap and paper towel dispensers.					
RESTROOM FACILITY INFORMATION					
Company Name					
Address					
City				State	Zip
Days/Hours of Opera	ation				
Business □ Owner's □ Manager's Name (print)				Phone	
Signature:				Date:	
Department of Environmental Resources Use Only					
Approved Location	□ Yes □ No	Reason	for denial, if applicable		
Inspector's Signature)			Date:	

[•] The operational location for the MFF must have the approval of the local zoning agency prior to the final approval of DER. F:\data\Environmental Health\Food\MFF form\MFF Vending Location (Restroom Letter) 3.3.23.doc

EXAMPLE PLOT PLAN



STREET