HOW TO OBTAIN A MOBILE FOOD FACILITY PERMIT







Which Permit Do You Need?

Category A: Prepackaged Non-Potentially Hazardous Food

- Produce Trucks
- Ice Cream Trucks

Category B: Limited Food Preparation (hot/cold holding, dispensing and portioning, slicing/chopping on a heated surface, slicing/chopping produce)

- Hot Dog Cart
- Roast Corn
- Shaved Ice

Category D: Full Food Preparation

- Taco Truck
- Hot Lunch Truck



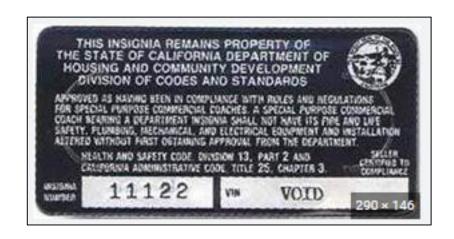
Category B & D Requirements

HCD Insignia

Before starting the permit process...

If the vehicle is "occupiable", ensure that the vehicle has a Housing and Community

Development (HCD) Insignia →



Plan Review

Plan review is required for all <u>new</u> Category D MFFs that have never been permitted in California before

- Plan review requires a separate application and fee
- Contact plan review: phone (916) 874 6010 or email: EMD-EHPlanreview@saccounty.gov



Structural Requirements

Ensure that your vehicle meets all required structural requirements. This list is available on the EMD website:

https://emd.saccounty.gov/EH/Document s/OPERATOR%20-

%20ENGLISH%20CLASSIFICATION%20PAC KET%20MFF%20%2005%2004%2018.pdf

Requirements	Category A	Category B	Category C	Category D	
Commissary	"Mobile Food Facility (MFF) Category A Commissary" form Except for fruit cups for which Commissary Verification form is Regd.	Commissary or MSU is required for cleaning and servicing See "Commissary/MSU Verification" form for details.	Required for cleaning and servicing See "Commissary Verification" form for details.	Required for cleaning and servicing See "Commissary Verification" form for details.	
Handwashing sink (Sec. 114311)	Not required	Required (Only for non pre-packaged food)	Required		
Warewashing sink with overhead protection (Sec. 114313, 114314)	Not required	Required on the MFF if: Nonprepackage potentially hazardoss foods (PHFs). Examples: blending coffee beverages with mill; smoothies wPHFs - (no flozen mill; products), com on the code Not required on the MFF - Steamed or boiled hot days, and wapper, non-PHFs that require no preparation ofter than hearing, popping, portioning, bulk dispensing or assembly, "Fer warrawaling disk requirements for PHF beverages see Nex. 1133, 114314.	Required at on site commissary	Required	
	, capacity: at least 5 gal	lons of water shall be provided exclusive	vely for handwashing.		
Potable Water Tank (Sec. 114217)	Not required	MFF with warewash sink: 20 gal. = 15 gal. warewash + 5 gal. handwash MFF without warewash sink: 5 gal. handwash	5 gal. handwash + Onsite warewash sink	Food compartment/Limited food preparation: 20 gal. = 15 gal. warewash + 5 gal. handwash Fully enclosed MFF/Full food prep 30 gal. = 25 gal. warewash + 5 gal. handwash	
Waste water tanks,	capacity: shall have a m	ninimum capacity that is 50% greater the	an the potable water tank.		
Waste Water Tank (Sec. 114240)	Not required	MFF with warewash sink: 30 gallons MFF without warewash sink: 7.5 gallons	7.5 gallons + Onsite warewash sink	Food compartment/Limited food preparation: 30 gallons Fully enclosed MFF/Full food prep 45 gallons	
Water Heater: water h	seater capable of heating wa	ter to a minimum of 120F is required ex	scept MFF that only utilizes hand	wash only (100F).	
Water Heater Capacity (Sec. 114325)	Not required	MFFs PERMITTED BEFORE JAN 1, 2014: Minimum 1/2 gallon	MFFs PERMITTED BEFORE JAN 1, 2014: Minimum 1/2 gallon	MFFs PERMITTED BEFORE JAN 1, 2014: Limited flood preparation: Minimum 1/2 gallon Fully enclosed MFF/Full food prep Minimum 3 gallons	
		MFFs PERMITTED AFTER DEC 31, 2013: For only handwashing sink: % gallon For handwashing and warewashing sink: 4 gallons	MFFs PERMITTED AFTER DEC 31, 2013: For only handwashing sink: % gallon For handwashing and warewashing sink: 4 gallons	MFFs PERMITTED AFTER DEC 31, 2013: 4 gallous	



Find a Commissary

A commissary is a permitted location where the truck parks overnight and has access to the following services:

- Preparation food
- Potable water supply
 Overnight parking
- Refrigeration
- Cleaning areas
- Sewage disposal
- Warewashing
- Garbage disposal

- Dry food storage
- Electrical hook-up
- Supplies storage
- Supply food products
- Toilet and handwashing

Complete a Commissary Verification Form

Take the form to the commissary and get it completed and signed by the commissary owner/manager.

Note: If the commissary is not in Sacramento County, an "Out of county form" must be signed by local health department where the commissary is located.



Other Forms to Complete

Route Sheet

Exact addresses of operating sites for all working days



Restroom Verification Form
Required if MFF is operating at a single location for longer than one hour

Environmental Department Jennea Monas	Management terio, Director	4110				
Any time a MFF	of Restroom for M is parked in one location 00 feet (Chapter 10, Sec.	on for longer tha	n one hour; an a	pproved restro		t be available
MFF Informati						
MFF Name (DB	A):					
	s Street of operation:					
	ion:			Operation:		Zip Code
License Plate #:			(Act	ermit #:		
MFF Owner In			re	::::::::::::::::::::::::::::::::::::::		
Owner Name:						
Address of Own	ICT: Street Address		City			Sp Code
I have access to th	the restroom facilities at the m the restroom facilities.	e following busine	ess during my busi	g the restroom		
I have access to th	ter: STATE ADDITION	e following busine	ess during my busi			
I have access to the 200 feet away from Restroom Info	ner: Invertible to the restroom facilities at the m the restroom facilities. Signature of MFF Operator permation	e following busine I will be responsi	ess during my busi ble for maintainin	g the restroom Date	as listed b	below.
I have access to the 200 feet away from Restroom Info	ter: Signature of MFF Operator District Signature of MFF Operator	e following busin I will be responsi	ess during my busi ble for maintainin	g the restroom Date	as listed b	below.
I have access to the 200 feet away from Restroom Info	eer: Brief Addition the restroom facilities at the m the restroom facilities. Signature of MFF Operator Dermation	e following busine I will be responsi	ess during my busi ble for maintainin	g the restroom Date	as listed b	below.
I have access to the 200 feet away from the Restroom Info Business Name: Owner Name:	ner: Strat Addition the restroom facilities at the m the restroom facilities. Signature of MFF Operator ormation	e following busine I will be responsi	ess during my busi ble for maintainin	g the restroom Date	as listed b	below.
I have access to the 200 feet away from the 200 feet away from the Restroom Info Business Name: Owner Name: Address: Restroom Required Toilet facility for the 100 feet facili	the restroom facilities at the method facilities. Signature of MPF Operator mation irrements: litties in good repair	e following businns I will be responsi	ess during my busible for maintainin	Date Phone:	as listed b	below.
I have access to the 200 feet away from the 2	the restroom facilities at the mthe restroom facilities. Signature of MFF Operate formation strements: litties in good repair canable surfaces	e following busined I will be responsi	ess during my busible for maintainin one one Handwashing s Paper towels in	Phone :	as listed b	below.
Restroom Info Business Name: Owner Name: Address: Restroom Requ Toilet faci Toilet pape	he restroom facilities at the method facilities. Signature of MFF Operator remarks: Litements: Littles in good repair canable surfaces or in a dispenser	e following busine I will be responsi	ess during my busible for maintainin one Handwashing s Paper towels in Liquid soap in 1	Date Date Phone: a dispenser a dispenser	as listed b	below.
Restroom Info Business Name: Owner Name: Address: Restroom Requ Toilet facil Toilet page Ventilatior	ter: ***********************************	e following busine I will be responsi	ess during my busible for maintainin one Handwashing s Paper towels in Liquid soap in it Hours that restr	Phone : with with hot a a dispenser room is availa	as listed b	speak
Restroom Info Business Name: Owner Name: Address: Restroom Requ □ Toilet faci □ Smooth Could pape □ Ventilatio □ I, the business ow	he restroom facilities at the method facilities. Signature of MFF Operator remarks: Litements: Littles in good repair canable surfaces or in a dispenser	e following busine I will be responsi under the following business of	os, Handwashing s Paper towels in Liquid soap in t Hours that rest	Phone : Phone : a dispenser a dispenser a of spenser availa operators of the	as listed b	water
Restroom Info Business Name: Owner Name: Address: Restroom Requ □ Toilet faci □ Smooth Could pape □ Ventilatio □ I, the business ow	The action facilities at the restroom facilities at the restroom facilities. Separar of MFF Operator Transition Separar of MFF Operator	e following busine I will be responsi under the property of the provide restroom om facilities are seen and the provide restroom of the provide restro	os, Handwashing s Paper towels in Liquid soap in t Hours that rest	Phone : Phone : a dispenser a dispenser a of spenser availa operators of the	as listed b	water
Restroom Info Business Name: Owner Name: Address: Restroom Requ □ Toilet faci □ Smooth Could pape □ Ventilatio □ I, the business ow	er: With A SIMP The Part of the Control of the C	e following busine I will be responsi under the property of the provide restroom om facilities are seen and the provide restroom of the provide restro	os, Handwashing s Paper towels in Liquid soap in t Hours that rest	Phone : Phone : ink with hot a a dispenser a dispenser room is availa operators of the mental Health	as listed b	water
I have access to the 200 feet away fro 200 feet away from 100 feet away 100 feet	er: With A SIMP The Part of the Control of the C	e following busines will be responsi	sa during my bus ble for maintainin ble for maintainin ble for maintainin had ble for maint	Phone : Phone : ink with hot a a dispenser a dispenser a dispenser of the mental Health Date	as listed b	water
I have access to the 200 feet away from the 200 feet away feet away from the 200 feet away	er: With A SIMP The Part of the Control of the C	e following busines will be responsi	se during my busible for maintainin Handwashing s Paper towels in Liquid soap in Hours that restr facilities for the facilities for the subject to Environ	Phone : Phone : ink with hot a a dispenser a dispenser a dispenser of the mental Health Date	as listed b	water
I have access to the 200 feet away fro 200 feet away from 100 feet away 100 feet	er: With A SIMP The Part of the Control of the C	a w w w compared to the state of the state o	Handwashing s Paper downwashing s Paper downwa	Phone : Phone : a dispenser a dispenser a dispenser al	as listed b	water



Application Submittal

If you have completed the following items, you are ready to apply for a permit:

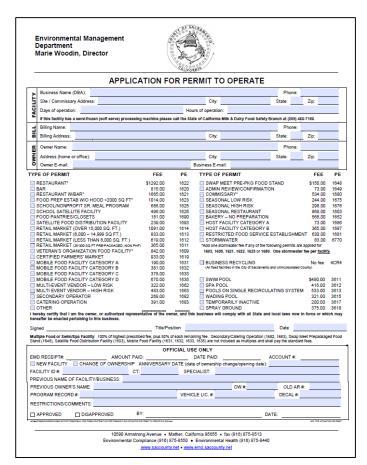
- ✓ Determined MFF Category
- ✓ Received HCD Insignia
- ✓ Plan Checked (if required)
- Obtained an Approved Commissary

Complete and Submit Application

- In person at EMD office
- Email <u>EMD-EHAdminsupport@saccounty.gov</u>

Pay Permit Fees

- In person at EMD office
- Online <u>https://emdpayments.saccounty.net</u>





Inspection Appointment

Time to schedule an inspection when:

- Application completed
- ✓ MFF forms verified
- ✓ Permit fee paid

Schedule an inspection appointment by calling (916) 875-8440

You will receive a confirmation email with:

- ☐ Inspection Date & Time
- ☐ Self inspection checklist

Inspection notes:

- ☐ By appointment only
- ☐ EMD office: 11080 White Rock Rd, Suite 200, Rancho Cordova
- ☐ Mondays & Tuesdays 8am 11am



Preparing/Passing Inspection

- Review self inspection handout
- Arrive early
- Ensure all mechanical equipment is on and working prior to inspection

PERMIT EXPIRES
DECEMBER 31, 2023

County of Sacramento
Environmental Management Department
Environmental Health

032

	Completed new doubledsided "Commissary Verification Form" (Signed by Commissary owner)
	Completed "Restroom Verification Letter" if the MFF is parked at one location for more than 1 hour
Str	uctural Requirements:
	Insignia from Department of Housing and Community Development if occupiable
	Identification of business and address on the cart/truck.
	Mechanical refrigeration unit capable of keeping all Potentially Hazardous Foods at 41°F or below (monitoring thermometer required in refrigeration unit) Power source for refrigeratior
	Hot holding unit (steam table, hot case, etc.) capable of keeping food items at 135°F or above
	Fully functional and accessible handwashing sink:
	Liquid soap in dispenser Paper towels in dispenser Hot water at 100°F-108°F
	Fully functional warewashing sink:
	■Hot water at least 120°F ■Plugs to fill the sinks ■ Detergent ■ Sanitizer ■ Sanitizer test strips
	Functional mechanical ventilation with clean filters
	Functional water heater (min. capacity of 4 gallons)
	Functional and filled potable water tank (at least 30 gallons)
	Functional waste water tank (at least 45 gallons), with cap and no leaks
	Safety equipment:
	Fire extinguisher First aid kit.
_	Full enclosure (screens provided and intact without holes)
	Floor, walls and ceiling smooth, easily cleanable, in good repair
	Self-closing employee entrance doors
	No more than 1 ancillary piece of equipment (ice chest etc.)
	If occupiable, an unobstructed height over the aisle way portion of the unit of at least 74 inches from floor to ceiling and minimum of 30 inches of unobstructed horizontal aisle space (required for new permits only)
Co	mmissary Requirements:
	MFF operates out of an approved Commissary where MFF does:
	Food preparation Potable water supply Overnight parking Electrical hook up Warewashing Food storage supplies storage Waste tank/Sewage disposal facility Waste grease removal
Re	quired Equipment/Utensils:
	Accurate probe thermometer (0-220°F)
	Suitable utensils (i.e. deli tissue, spatulas, tongs or dispensing equipment)
	Approved potable water hose
	Approved waste water hose if needed to get rid of waste water
E	ployee knowledge/health:



Now that you have a permit

- > Each permit is good until the end of the calendar year.
- You will automatically receive a bill and instructions for getting another inspection and permit each November.
- Note: Always be prepared for a routine operational inspection by using EMD's self inspection check list. An inspector may conduct a routine inspection anytime and anywhere the food truck is operating during the year.



Questions?





Contacts and Additional Resources

Contact EMD:

- (916) 875-8440
- emdinfo@saccounty.net

EMD Plan Review:

- (916) 874-6010
- email: <u>EMD-EHPlanreview@saccounty.gov</u>

EMD Website:

 https://emd.saccounty.gov/EH/FoodProtect-RetailFood/Pages/MobileFood.aspx

Mobile Food Facility FAQs – On the EMD website https://emd.saccounty.gov/EH/FoodProtect-
RetailFood/Pages/MobileFood_FoodTrucksFAQs.aspx