

Orange County Health Care Agency Environmental Health Division 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705 Telephone: (714) 433-6000 Fax: (714) 754-1768 Web Site: www.ochealthinfo.com

APPLICATION FOR HEALTH PERMIT

## MOBILE FOOD FACILITY

This Section To Be Completed By Applicant- Please Print – Do Not Detach Operator Copy - Health Peri										
Name of Business (DBA):			Route			<del>2</del> #:	: Phone		_	
Business Address:			City:					State:	Zip:	
Legal Owner of Business: Phone:										
Owner's Address:			City:					State:	Zip:	
Cell Phone: E-Mail Address:				Fax			:			
Mail	ing Address:	City:			•		State:	Zip:		
Emergency Contact:				Emergency Phone:				•	<u>-</u>	
Com	nmissary Name:		Commissary Phone: Mobile Sup					U):		
Commissary Address:				City:				State:	Zip:	
1st Operation Location:				City:			Hours:	am/pm	am/pm	
2 <sup>nd</sup> Operation Location:				City:			peration Hours: am/pm am/pm			
Does this vehicle stop to conduct business at any sales location for more than one hour?YesNo										
I Hereby Make Application For a Health Permit. I shall notify this agency in writing if I sell, transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.										
	ature:	result in obligation	ni to pa	y nearth ser	vices iees a	Date:		<u>.                                    </u>		
Print Name: Title:										
For Office Use Only										
SPECIALIST	Permit Approved By:	73	or Omice	ose omy		Date:				
	Operational Limitation(s):									
	Driver's License/ID: Date of Birth			Fr			Federal Tax ID:			
₽	Sex: Hair: Eyes:				Weight:					
	Permit Number (PR): Facility Numbe			Height:			Owner Number (OW):			
FEE	HSO Receipt Number: Program Element (F			,			Account Receivable (AR):			
	Fee: Late Fee: Total Fee:			Date of Last Payment:			Outstanding Balance:			
	Billing Period:						New MFF: □Yes □No			
				piration Date:			Transfer Date:			
	Nature of Business (Check all applicable categories):									
FOOD	Nature of Business (Check all applicable categories):  (B) Baked Goods (G) Produce (M) Meat/Deli (F) Fish/Shellfish (E) Poultry/Egg									
	□(D) Milk/Dairy □(P) Pasta/Grain □(L) Legumes/Beans □(N) Nuts □(S) Spice/Herb □(J) Canned/Jar □(V) Beverage □(C) Candy/Confectionary □(I) Ice Cream Soft-Serve Machine									
	(c) Carity/Connectionary (i) it de Cream Soit-Serve Machine									
PLAN CHECK	☐Unenclosed ☐Enclosed Lic. Plate Number: VIN			Number:			Make: DOH#:			
	SR#: 3 Comp Sink	:  \_Yes \_No	Hand	d wash Sink: ☐Yes ☐No No			umber of Components:			
	Prepackaged: ☐Yes ☐No Non-PHF			☐Yes ☐No			Produce Only: Yes No			
	Refrigeration: ☐Yes ☐No Freezer: ☐Yes ☐No			Cooking:  Yes  No			Warming: □Yes □No			