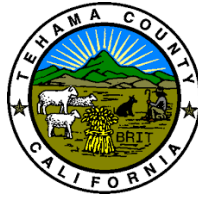


TEHAMA COUNTY

COMPACT MOBILE FOOD FACILITY



EFFECTIVE JANUARY 1, 2023

PROVIDED BY

TEHAMA COUNTY ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, RM 36

RED BLUFF, CA 96080

PH: 530-527-8020 FAX: 530-527-6617

Submittal Check List:

CHECK BOX ✓	ITEMS TO PROVIDE
	Menu or list of all items being sold
	Each piece of food service equipment that will be used -All equipment must be integral -All food equipment and utensils must be certified for sanitation -All food must be stored, handled, displayed so as to be protected from adulteration or contamination
	First-Aid Kit
	Identification on the CMFO on the customer side: -Name of the facility – at least 3 inches high -City, State and Zip Code of the facility – at least 1 inch high
	Completed Commissary letter
	Completed Restroom Agreement letter
	Valid Food Handlers Training Certificate

LIST OF MENU/ ITEMS BEING SOLD

FOOD SERVICE EQUIPMENT LIST

SIGNATURE AND ACKNOWLEDGEMENT
<p>I certify that my operation on this CMFO does not and will not include any of the following: thawing, cooling of cooked potentially hazardous foods (PHF), grinding raw ingredients or PHF, reheating PHF for hot holding (except steamed or boiled hot dogs, and tamales in the original inedible wrapper), hot holding non-prepackaged PHF (except steamed or boiled hot dogs, and tamales in the original inedible wrapper or food prepared at an approved permanent food facility), washing of foods, cooking PHF for later use, and any operation requiring licensing through the California Department of Food and Agriculture, Milk and Dairy Branch. Health & Safety Code, Section 113818</p> <p>I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application is correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.</p> <p>Authorized Signature: _____ Date: _____</p>



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36
RED BLUFF, CA 96080
Phone (530) 527-8020 Fax (530) 527-6617

Tia Branton, REHS
Director

Timothy Peters
Health Officer

Compact Food Vendor Application for Permit to Operate

BUSINESS INFORMATION

Name of Facility/Booth: _____
Name of Owner/Organization: _____
Mailing Address: _____
Location of approved kitchen: _____
City, State, Zip: _____
Telephone No. of Owner/Organization Contact: () _____

COMPACT FOOD FACILITY
As defined in Cal Code

Prepared Foods \$105.00
 Pre-packaged Foods \$105.00

FOOD MANAGER/HANDLER COMPLETED ON _____ **(PROVIDE CERTIFICATE)**

COMMISSARY

RESTROOM AUTHORIZATION

PROPERTY AUTHORIZATION

PERMIT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

I HEREBY MAKE APPLICATION FOR A PERMIT TO OPERATE THE ABOVE FACILITY IN ACCORDANCE WITH THE STATE HEALTH LAWS AND LOCAL ORDINANCES AND REGULATIONS.

Date: _____ Signature: _____

Email: _____

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Receipt No: _____ Rec'd by: _____

Date Inspected: _____ Approved By: _____ License # _____



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Tia Branton, REHS
Director

Food Service Commissary Form

A commissary is a permitted food facility that services mobile food facilities or is used as a kitchen for a retail food business.

Commissary user information (to be completed by commissary user)

Name of business: _____ Address of business: _____

Owner: _____ Phone Number: _____

Type of Business (mobile food truck, food cart, caterer, etc.): _____

What food or food prep (washing, rinsing, cooling, thawing, slicing, chopping, etc.) will you prepare at the commissary? _____

Will you bring equipment to the facility? _____ If so, what make/model of equipment will you supply?

I, the above-mentioned owner/operator will operate out of the commissary below. For vehicles: I will report to the commissary at least once per day for cleaning and servicing. I will store the vehicle and equipment at the approved food facility or another TCEH-approved location. The commissary will provide the services listed below.

Owner Signature: _____ Date: _____

Commissary provider information (to be completed by commissary owner)

Name of establishment _____

Address of establishment _____

Owner: _____ Phone number: _____ Email: _____

Type of establishment: restaurant, commercial kitchen, etc.: _____

Services provided by the commissary (check all that apply):

- Cold storage
- Cooking equipment usage
- Dry storage
- Ware washing facilities
- Equipment storage
- Food preparation area
- Garbage disposal
- Wastewater disposal
- Water source

Signature of commissary owner _____ Date _____