



PUBLIC HEALTH PERMIT/LICENSE - SUPPLEMENTAL APPLICATION

COMPACT MOBILE FOOD OPERATION (CMFO)

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706-1423

www.publichealth.lacounty.gov/eh



New, custom built CMFO –

Contact the **Plan Check Program** at **(626) 430-5560** to request a secure email to submit personal documents safely.

CMFO built with Standard Plan or Change of Ownership of a Previously Permitted CMFO –

Contact the **Mobile Food Program** at **(626) 430-5500** to request a secure email to submit personal documents safely.

Date of Application:	Legal Name of Business (DBA):
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SERVICE REQUEST

Select which service is being requested:	SERVICE FEE
<input type="checkbox"/> Low Risk CMFO – Model (Standard) Plan Site Evaluation <i>Provide an Attestation Letter for Standard Plan or prior Certification sticker on CMFO</i>	\$167 Hourly
<input type="checkbox"/> Moderate Risk CMFO (Prepackaged Hot-Holding) – Model (Standard) Plan Site Evaluation <i>Provide an Attestation Letter for Standard Plan or prior Certification sticker on CMFO</i>	\$246
<input type="checkbox"/> High Risk CMFO (Unpackaged Food Handling) – Model (Standard) Plan Site Evaluation <i>Provide an Attestation Letter for Standard Plan or prior Certification sticker on CMFO</i>	\$285
<input type="checkbox"/> Dependent Food Operator Evaluation (Evaluation of a Restaurant, Food Market, or Community Kitchen for use as a Commissary)	\$167 Hourly
<input type="checkbox"/> Home Storage Endorsement (Evaluation to determine if a home can support the storage of up to two CMFOs)	\$199

FACILITY TYPE	Select Type of Permit (One application per CMFO) – See page 2 for definitions.	PERMIT FEES
	<input type="checkbox"/> CMFO – Low Risk	\$126
	<input type="checkbox"/> CMFO – Moderate Risk	\$299
	<input type="checkbox"/> CMFO – High Risk	\$592
	<input type="checkbox"/> Mobile Support Unit	\$313
	<input type="checkbox"/> Dependent Food Operator <i>(Provide a separate Shared Food Facility Agreement)</i>	\$309
	<input type="checkbox"/> CMFO Auxiliary Conveyance Operator*, Site Specific	\$487
Total Due:		

PREVIOUSLY PERMITTED CMFO

County of Approval: _____ Plan Check Service Request #: _____

HOME STORAGE	Resident Contact:	Phone #:
	Street Address:	Unit:
	City:	Zip Code:
	Cart Storage Location (i.e. – garage):	Food Storage Location (i.e. – kitchen):

Certified Food Handler (CFH) Card Obtained:

Yes No – Provide proof of CFH card within 30 days of the start of operation to ehvip@ph.lacounty.gov.
Failure to submit certification is a violation.

Signature:	Title:
Print Name:	Date:

SUBMIT THE APPLICABLE DOCUMENTS WITH THIS APPLICATION:

- Commissary Contract** dated within the past 30 days or **Shared Food Facility Agreement** to indicate where food will be prepared and stored (if not requesting a Home Storage Evaluation), and where CMFO will be cleaned and have maintenance.
- Written Operational Procedures + Menu** for the CMFO.
- Attestation Letter**, for Standard Plan CMFO only.
- Ownership Document**: Valid Driver's License or California I.D., DMV Registration for vehicle (if applicable), and Articles of Incorporation (if applicable)

DEFINITIONS

COMPACT MOBILE FOOD OPERATION – LOW RISK:

- A. An individual stand, showcase, rack, or display approved for the sale of more than 25 square feet of prepackaged non-potentially hazardous food and whole uncut produce.
- B. A pushcart, peddle-driven cart, wagon, or other unenclosed non-motorized conveyance that is approved for the sale of more than 25 square feet of prepackaged non-potentially hazardous food. (*Examples: pre-packaged ice cream bars, bags of chips, bottled beverages, and whole produce such as apples, bananas, or peaches*)

COMPACT MOBILE FOOD OPERATION – MODERATE RISK: An unenclosed, non-motorized conveyance, such as a pushcart, peddle-driven cart, or wagon that is approved for sale of prepackaged potentially hazardous foods and/or limited food preparation that does not include raw meat, raw poultry, or raw fish. (*Examples: coffee cart, tamale cart, or fruit-bowl cart*)

COMPACT MOBILE FOOD OPERATION – HIGH RISK: An unenclosed, non-motorized conveyance, that is approved for limited food preparation as defined in California Health and Safety Code Section 113818, including the preparation of raw meat, raw poultry, or raw fish and meets the requirements for mobile food facilities as defined in Division 104, Part 7, Chapter 10 of the California Health and Safety Code. (*Examples: taco cart, burger cart, BBQ cart*)

MOBILE SUPPORT UNIT: Vehicle used in conjunction with a commissary or other permanent food facility that travels to and services Mobile Food Facilities as needed to replenish supplies, including food and potable water, clean the interior of the unit, or dispose of liquid or solid wastes.

DEPENDENT FOOD OPERATOR: A person that has been approved by a County Health Officer to operate within a permanent food facility when the primary permit holder is not operating the permanent food facility.

***CMFO AUXILIARY CONVEYANCE OPERATOR – SITE SPECIFIC:** A person who is responsible for facilities, including the handwashing and warewashing auxiliary conveyances, that are shared by two or more compact mobile food operations that are permitted to operate at a site-specific location.

OPTIONS FOR CMFO FOOD PREPARATION, CLEANING, AND STORAGE

A CMFO that conducts limited food preparation on the cart may:

- Prepare food at a commissary, in a permitted food facility with a Shared Food Facility Agreement, or in a permanent food facility with a dependent food operator permit.
- Purchase prepared food from a permitted restaurant or food market.
- Clean the cart at a commissary, in a permitted food facility with a Shared Food Facility Agreement, or in a permanent food facility with a dependent food operator permit.
- Store potentially hazardous food in a commissary, permitted restaurant, or food market.
- Store the cart at a commissary, permitted food facility, or a home endorsed by the Public Health Department.

A CMFO that sells prepackaged non-potentially hazardous foods:

- May store the cart and non-potentially hazardous foods at a home endorsed by the Public Health Department.

NOTE: CMFO will need to be onsite of the home evaluation or at the shared food facility, if applicable.

OFFICE USE ONLY

Reviewed and verified by: Print Name	Invoice # _____ Date: _____ Old account to be inactivated, if applicable: FA: _____ PR: _____
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