



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**
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Public Health
Prevent. Promote. Protect.
County of San Luis Obispo
Public Health Department

PLAN CHECK APPLICATION FOR MOBILE FOOD FACILITY

CLASSIFICATION OF MOBILE FOOD FACILITY: (PLEASE CHECK ONE OF THE FOLLOWING)

- UNENCLOSED MOBILE FOOD FACILITY WITH PREPACKAGED , NON-POTENTIALLY HAZARDOUS FOODS**
(EXAMPLES INCLUDE CARTS SELLING PREPACKAGED PASTIES, CHIPS, AND CANNED SODAS)
- UNENCLOSED MOBILE FOOD FACILITY WITH PREPACKAGED POTENTIALLY HAZARDOUS FOODS.**
(EXAMPLES INCLUDE CARTS SELLING PREPACKAGED SANDWICHES, PASTA, COLD NOODLES, ETC.)
- UNENCLOSED MOBILE FOOD FACILITY WITH NON-PREPACKAGED, NON- POTENTIALLY HAZARDOUS FOODS.** (EXAMPLES INCLUDES CARTS SELLING NON-PREPACKAGED CHURROS, COTTON CANDY, SHAVING OF ICE ETC.)
- UNENCLOSED MOBILE FOOD FACILITY WITH NON-PREPACKAGED POTENTIALLY HAZARDOUS FOODS.**
(EXAMPLES INCLUDE CARTS SELLING HOT DOGS, TAMALES, COFFEE ETC.)
- ENCLOSED MOBILE FOOD FACILITY WITH NON-PREPACKAGED POTENTIALLY HAZARDOUS FOODS WITH FULL FOOD PREPPING/COOKING.** (EXAMPLES INCLUDE TACO, TRUCKS, BURRITO, FALAFEL, CREPES , CURRY TRUCKS.)

***CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT
*HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME**

BUSINESS AND OWNER INFORMATION

BUSINESS NAME (DBA) _____
 PRIOR BUSINESS NAME (IF APPLICABLE) _____
 OWNER NAME(S) _____
 BUSINESS MAILING ADDRESS _____
 BUSINESS EMAIL ADDRESS _____
 BUSINESS TELEPHONE NUMBER _____
 OWNER TELEPHONE NUMBER _____

CONTRACTOR/ MANUFACTURE INFORMATION

NAME OF CONTRACTOR/ MANUFACTURE _____
 CONTRACTOR/MANUFACTURE MAILING ADDRESS _____
 CONTRACTOR/MANUFACTURE EMAIL ADDRESS _____
 CONTRACTOR/MANUFACTURE TELEPHONE NUMBER _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ ASSIGNED TO _____ ENTERED BY _____ ENTERED DATE _____
 PE# _____ AMOUNT DUE _____ AMOUNT PAID _____ CHECK OR CC AUTH # _____ CASH
 NONPROFIT: TAX ID # _____ VETERAN EXEMPT DD214 ATTACHED YES NO
 PR# _____ SR# _____ FA# _____ INVOICE NUMBER _____
 INSPECTOR APPROVED _____ DATE _____