

## COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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## PLAN CHECK APPLICATION FOR MOBILE FOOD FACILITY/COMPACT MOBILE FOOD OPERATIONS

CONSULTATION
NEW CONSTRUCTION
REMODEL

## **CLASSIFICATION OF MOBILE FOOD FACILITY:**

UNENCLOSED MOBILE FOOD FACILITY - PREPACKAGED , NON-POTENTIALLY HAZARDOUS FOODS (> 25 SQFT)

(EXAMPLES: WHOLE UNCUT PRODUCE, PREPACKAGED BAKED GOODS, CHIPS, AND CANNED SODAS)

**UNENCLOSED** MOBILE FOOD FACILITY - **PREPACKAGED POTENTIALLY HAZARDOUS FOODS** 

(EXAMPLES: PREPACKAGED SANDWICHES, TAMALES, BURRITOS, DAIRY)

UNENCLOSED MOBILE FOOD FACILITY - NON-PREPACKAGED, NON-POTENTIALLY HAZARDOUS FOODS

(EXAMPLES: NON-PREPACKAGED CHURROS, CORN ROASTING, SHAVED ICE)

UNENCLOSED MOBILE FOOD FACILITY - NON-PREPACKAGED POTENTIALLY HAZARDOUS FOODS (RAW)

(EXAMPLES: HOT DOGS, RAW MEATS, POULTRY, FISH)

ENCLOSED MOBILE FOOD FACILITY - NON-PREPACKAGED POTENTIALLY HAZARDOUS FOODS WITH FULL FOOD PREPARATION

\*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**

NAME (DBA)	
PRIOR BUSINESS NAME (IF APPLICABLE)	
DWNER NAME(S)	
MAILING ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	
CONTRACTOR/ MANUFACTURER INFORMATION	
CONTRACTOR/ MANUFACTURER INFORMATION  NAME	
CONTRACTOR/ MANUFACTURER INFORMATION  NAME MAILING ADDRESS	
CONTRACTOR/ MANUFACTURER INFORMATION  NAME	

FOR OFFICE USE ONLY							
DATE RECEIVED	RECEIVED BY	ASSIGNED TO	ENTERED BY	ENTERED DATE_			
PE#	CONSULTATION AMOUNT DUE	AMOUNT PAID_	DCHECK OR CC AUTH #			CASH	
NONPROFIT: 1	ΓΑΧ ID #		VETERAN EXEMPT	DD214 ATTACHED	YES	NO	
PR#	SR#	FA#	INVOICE NUMBER				
INSPECTOR APPROVED				DATE			