



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

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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 PASTRIES, 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, BURRITO, FALAFEL, CREPE 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 _____