



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

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MOBILE FOOD FACILITY ANNUAL UPDATE FORM

COMMISSARY INFORMATION (filled out and signed by commissary owner/permit holder)

Name of Business <i>(please print):</i>		Email:	
Facility Address:		City:	Zip:
Representative:	Business Phone:	Cell:	

I, the approved facility can and will provide the necessary facilities and equipment for the mobile food facility operator at my permitted permanent food facility as checked below (check all that apply):

Food Storage	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Walk-in refrigerator	<input type="checkbox"/> Produce	<input type="checkbox"/> Dry food	<input type="checkbox"/> Frozen food	<input type="checkbox"/> Walk-in freezer
Food Preparation	<input type="checkbox"/> Prep tables/counter space	<input type="checkbox"/> Cooking equipment	<input type="checkbox"/> Mixers	<input type="checkbox"/> Quick chillers		
Washing and Sanitizing	<input type="checkbox"/> Handwashing sink	<input type="checkbox"/> Food preparation sink	<input type="checkbox"/> 3-compartment sink	<input type="checkbox"/> Commercial dishwashing machine		
Supply Storage	<input type="checkbox"/> Utensils	<input type="checkbox"/> Linens	<input type="checkbox"/> Food Packaging	<input type="checkbox"/> Cleaners/chemicals		
Water Supply and Waste	<input type="checkbox"/> Potable cold and hot water	<input type="checkbox"/> Potable water tank filling ability	<input type="checkbox"/> Liquid waste disposal to approved wastewater system	<input type="checkbox"/> Refuse disposal		
Premises	<input type="checkbox"/> Restroom with handwashing facilities	<input type="checkbox"/> Overnight Parking	<input type="checkbox"/> Electrical service	<input type="checkbox"/> Covered Vehicle Servicing Area		

By signing below, I, the commissary permit holder, declare that I have read, understand, and will comply with the conditions of approval and that the information I have provided is accurate and correct.

Signature of commissary owner/permit holder: _____ **Date:** _____

MOBILE FOOD FACILITY (MFF)/MOBILE SUPPORT UNIT (MSU)

Name of Business <i>(please print):</i>		Email:	
Owner Mailing Address:		City:	St: Zip:
Representative:	Business Phone:	Cell:	

POTABLE WATER, WASTEWATER, STORAGE, CLEANING & SERVICING

Describe how potable water is supplied to the mobile food facility at the commissary: _____

Note: hoses used for conveying potable water shall be safe; durable; resistant to structural damage; finished with a smooth interior; protected from contamination; clearly and durably identified as to its use (if not permanently attached)

1. Indicate below how liquid wastes are removed from the mobile food facility:
Note: sewage and other liquid wastes shall be removed at an approved waste servicing area or by an approved sewage transport vehicle in a way that a public health hazard or nuisance is not created. Discharge into a ground surface not connected to sewer or into a storm drain is prohibited.

- Via wastewater servicing that uses a closed system of hoses at the commissary, or
- At the commissary service area provided with overhead protection and sloped floor to and approved wastewater system, or
- Mobile Support Unit Mobile sewage transport vehicle

2. Describe the method for inspecting, cleaning, and flushing potable and wastewater lines and tanks: _____

3. Location where MFF/MSU (if applicable) will be stored: Commissary Other (describe): _____

If other, it must be stored in a manner that ensures protection from unsanitary conditions and the location must be approved by this office.

4. Indicate below how cleaning and servicing of the interior and exterior of the mobile food facility will be achieved:
 At the commissary service area provided with overhead protection and sloped floor to and approved wastewater system, or
 Other (describe): _____

STATEMENT OF INTENDED COMPLIANCE; DEPARTMENT APPROVAL

I hereby certify under penalty of perjury that the above information is true and correct and that I will operate my mobile food facility in compliance with the requirements set forth in the California Health and Safety Code. Any changes to approved operation must be reported to this Agency in writing prior to changes in the menu, location, equipment, or operations, or the mobile food facility operator's health permit may be void.

_____ **Mobile Food Facility Operator Name (print and sign):** _____ **Date:** _____