**Compact Mobile Food Operation (CMFO) Application Checklist**

Dear Applicant,

To process your Application for a Health Permit to Operate a Mobile Food Facility, the following items must be provided to the San Francisco Department of Public Health, Environmental Health Branch.

*Our mailing address is 49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103.*

*Documents and payment may be dropped off at the Permit Center on the 2nd floor.*

Please provide your DBA (Doing Business As), and business address and check off the box when the requirement has been completed.

DBA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. San Francisco Business Registration Certificate.
	+ Register your business at the SF Tax Collector in City Hall, Room 140 or complete an application by logging onto <https://sftreasurer.org/business/register-business>. You may be eligible for the Mayor’s “First Year Free” Program.
* 2. Compact Mobile Food Operation (CMFO) Health Permit to Operate Application
* 3. Compact Mobile Food Operation Plan Check Application
	+ Submit two (2) sets of plans (if New CMFO or Remodel)
	+ Copy of the menu
* 4. Commissary “Food Headquarters” Verification Form for Compact Mobile Food Operation (CMFO)
* 5. [Written Standard Operational Procedures](#_bookmark6) Form for Compact Mobile Food Operation (CMFO)
* 6. Food handler card(s) for all employees or valid food safety manager certificates.
* 7. Payment\*: Pay Application Fees and Plan Check Fee if applicable. Other city agency fees may apply.

*\*Inquire with the Office of Economic Workforce Development and/or the Office of Small Business if you qualify for business incentive programs (i.e. First Year Free).*

### Compact Mobile Food Operation (CMFO) Health Permit to Operate Application

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| **APPLICATION TYPE:** | * New CMFO1\* OR
 | * Ownership Change
 | **DATE:** |  |
| 1\*= *CMFO* *has never been permitted in the City & County of San Francisco.* |
|  **OWNERSHIP INFORMATION** |
| **Business Name (DBA):** | **San Francisco Business Account Number (7-digit BAN):** |
|  |  |
| **Type of Ownership:** | * Sole Owner
 | * Partnership
 |  | * LLC
 | * Corporation
 | * Limited Partnership
 |
| **Registered Owner(s)/Corporation** *(If Corporation or LLC, in addition to the name, list all major officers****):*** |
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| **Registered Owner Address:** |
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| **Preferred Mailing Address:** | **Emergency Contact: (List name and Phone number)** |
|  |  |
| **Owner Email (Required):** | **Owner Primary Phone:** | **Business Phone:** |
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|  **SCOPE OF COMPACT MOBILE FOOD OPERATION** |
| Will you engage in any of the following CMFO activities? (*Responses to Questions 1-9 are required*) |  |
| 1 | Handling, or serving unpackaged “OPEN” food at the vending location | Yes | No |
| 2 | Offering potentially hazardous food2\* (PHF)/perishable food *(e.g., milk, meat, seafood, cooked rice, noodles, cut tomatoes, cut melons, etc.)* | Yes | No |
| 3 | Cooking and or preparing raw meat, raw poultry, or raw fish at the vending location | Yes | No |
| 4 | Hot and/or cold holding food previously prepared at an approved permanent food facility | Yes | No |
| 5 | Heating, frying, baking, roasting, popping, shaving ice, blending, steaming, or boiling hotdogs, or assembling food | Yes | No  |
| 6 | Slicing and chopping nonPHF or produce previously washed at an approved facility | Yes | No |
| 7 | Slicing and chopping of food on a heated cooking surface | Yes | No |
| 8 | Juicing or preparing beverages for immediate service, upon consumer order; not containing frozen milk products | Yes | No |
| 9 | Dispensing and portioning nonPHF or food for immediate service held at required temperatures | Yes | No |
| 10 | Are you only selling prepackaged, shelf-stable, non-potentially hazardous (nonPHF), or whole uncooked produce? *(e.g., can soda, bottled water, bag of chips, whole mangoes, whole watermelon, packaged candy etc.)* | Yes | No |

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|  2\* = Potentially hazardous food is a food that requires refrigeration (41°F or below) or needs to be maintained hot (135F or above) to prevent rapid growth of bacteria that can cause illness.  |

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| **OPERATING SCHEDULE** |
| **Location Address** | **Days of Operation** | **Start Time** | **End Time** |
| 1 |  | ☐ M | ☐ T | ☐ W | ☐ TH | ☐ F | ☐ S | ☐ SU |  |  |
| 2 |  | ☐ M | ☐ T | ☐ W | ☐ TH | ☐ F | ☐ S | ☐ SU |  |  |
| 3 |  | ☐ M | ☐ T | ☐ W | ☐ TH | ☐ F | ☐ S | ☐ SU |  |  |
| 4 |  | ☐ M | ☐ T | ☐ W | ☐ TH | ☐ F | ☐ S | ☐ SU |  |  |
| 5 |  | ☐ M | ☐ T | ☐ W | ☐ TH | ☐ F | ☐ S | ☐ SU |  |  |
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| **ACKNOWLEDGEMENT** |
| By signing below, you agree to operate in accordance with all applicable local regulations, laws, and inspection procedures for compliance including but not limited to:* At a minimum all CMFO must comply with all the following outlined in the California Retail Food Code:
	+ Sections 113980, 114047, 114049, 114390, 114393, 114397, 114399
	+ Chapter 1 (commencing with Section 113700)
	+ Chapter 2 (commencing with Section 113728)
* Restroom access within 200 feet travel distance for food employees whenever the CMFO is stopped to conduct business for more than one-hour period unless the CMFO operates with 2 or more onsite employees.
* CMFO is stored in approved locations determined by City & County of San Francisco Department of Public Health during nonoperation.
* Healthy and Safe Working Conditions and Workers Compensation
* Obtained approval from other applicable agencies to operate your CMFO (i.e. SF Fire Department, SF Public Works)
* Notify the City & County of San Francisco Department of Public Health of any change in the type of business activity, name, billing address, commissary agreement, and ownership.
 |
| **\*\* SIGNATURE(S) OF ALL OWNER(S) OR OFFICER(S) \*\*** |
| **X** | **X** |

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| ***For Department of Public Health Office Use Only*** |
| Payment Date: | App Fee $ | Plan Check Fee $ | Total Amount Paid: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Check □ Credit Card □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Receipt #: |
| Director of Public Health, after an inspection on (Date), I **recommend** the issuance of a New Permit to Operate I **disapprove** the issuance of a New Permit to Operate for the following reasons: | Previous Owner OOB notification: |
| **Permit activation date:** |
| Permit closure date: |
| Special application or facility notes: |
|  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector Signature | X  Principal Inspector Signature |
| District # | Census Tract | Permit | Type of Permit/Classification/Limitation | Location ID |

### Compact Mobile Food Operation (CMFO) Plan Check Application

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| **APPLICATION TYPE:** | * New CMFO
 | ☐ Remodel of existing CMFO | ☐ Standardized CMFO | **DATE:** |  |
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|  **CMFO TYPE (Check one)** |  | **TOTAL DISPLAY AREA** |
| ☐ Individual | ☐ Display | ☐ Showcase |  | How many square feet is your CMFO? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ square feet (ft2) |
| ☐ Pushcart | ☐ Pedal-driven cart | ☐ Rack |  |
| ☐ Stand | ☐ Wagon | ☐ Other Nonmotorized Conveyance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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|  **SCOPE OF OPERATION** |
|  | **Circle Answer** |
| 1. Will you be offering potentially hazardous food?
 | Yes | No |
| 1. Will you be vending prepackaged food only?
 | Yes | No |
| 1. Will you be handling open food at the vending location?
 | Yes | No |
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| **FOOD SERVICE EQUIPMENT LIST** |
| **EQUIPMENT** | **MANUFACTURER** |  **MODEL** |
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| **FINISH MATERIALS (\*** *Raw wood is not permitted to be used as exterior CMFO material***)** |
| **LOCATION/EQUIPMENT** | **MATERIAL** |
| CMFO exterior |  |
| CMFO interior |  |
| Food contact surfaces |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **RELIABLE POWER SOURCE** |
| ☐ **Propane Tank** (Capacity \_\_\_\_\_\_\_\_) | ☐ **Generator**  | ☐ **Other**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION** |
| 1. Two sets of plans (if New or Remodel) or Attestation Letter (if Standardized CMFO)
 |
| 1. Menu
 |
| 1. Plan Review Fee Payment
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| **FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY** |
|  Plan Check Fee Received |  |  Date Received |  |  Receipt # |  |
|  Plans Reviewed by |  |  Signature |  |  Approval Date |  |

## Commissary “Food Headquarters” Verification Form for

## Compact Mobile Food Operation (CMFO)

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| **Compact Mobile Food Operation (CMFO) Owner to Complete This Section** |
| **Business Name (DBA)** | **Operating Location(s)** |
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| **Registered Owner Name(s)** | **Owner Address** |
|  |  |
| **Business Phone** | **Mobile Phone** |
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| **Commissary “Food Headquarters” Owner to Complete this Section** |
| **Commissary “Food Headquarters” Location** |
| **☐ Restaurant** | **☐ Vehicle Commissary** | **☐ Cottage Food Operation B** | **☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Commissary “Food Headquarters” Business Name (DBA)** | **Commissary “Food Headquarters” Address** |
|  |  |
| **Registered Owner Name(s)** | **Owner Address** |
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| **Business Phone** | **Mobile Phone** |
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|  **CMFO Storage Address (when not in operation)** |
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| **Commissary “Food Headquarters” Owner** | **CMFO Owner** |
| Check the box for each service you provide CMFO owner/applicant at this commissary | Initial the lines below to indicate, under penalty of perjury, the service(s)/operation(s) you will utilize/conduct exclusively at this commissary |
| **Check each box** |  | **Initial** |
| **☐** | Approved space for food preparation, food packaging or servicing  |  \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ |
| **☐** | Approved space to store food, utensils, equipment and other supplies |
| **☐** | Approved facilities to facilitate, washing, rinsing, and sanitizing utensils and equipment |
| **☐** | Approved facilities for disposal of garbage, refuse and liquid wastes |
| **☐** | Potable water is provided for filling water supply tanks  |
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| **Commissary “Food Headquarters” Owner to Complete this Section** |
| **Commissary DBA** | **Commissary Address** |
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| **Commissary Owner Name(s)** | **Commissary Owner Business Phone Number** |
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| **Commissary Owner Alternative Phone Number** | **Agency Issuing Permit to Operate Commissary** |
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| I hereby declare the applicant for the Compact Mobile Food Operation listed above has permission to use my approved commissary to service their CMFO.I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code.I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at 49 South Van Ness Street, Suite 600, San Francisco, CA 94103 if this agreement is terminated or if this CMFO has not utilized my commissary for five (5) consecutive days.I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Health Permit may be jeopardized if found to be in violation of this agreement.  |
| **Commissary Owner (Print Name)** | **Signature** | **Date** |
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| **Acknowledgement** |
| By signing below, I agree under penalty of perjury that I will report to the approved storage location with my CMFO at least once each operating day for the use of the facilities and/or services which I have indicated above. I understand that I must store my compact mobile food operation inside a storage location approved by the SFDPH Environmental Health Branch. Additionally, I understand the use of an unapproved storage location is prohibited.I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 49 South Van Ness, Suite 600, San Francisco, CA 94103, immediately if I move to a new storage location or otherwise stop using this storage location as a commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit. |
| **Owner/Officer Printed Name** | **Signature** | **Date** |

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| **Out of County Commissary/ Approved Facility Authorization by Regulatory Agency** |
| If commissary establishment is outside of San Francisco, the local environmental health jurisdiction must certify the current commissary health permit by signing below. The commissary is in County andmeets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. |
| **REHS (Print Name)** | **Signature** | **Date** |

# Written Standard Operational Procedures Form for Compact Mobile Food Operation (CMFO)

San Francisco Department of Public Health shall review and approve the operating procedure prior to the approval of permit application. An approved copy must be kept on CMFO during hours of operation. Any change to procedures, menu and/or equipment will require approval by this Department.

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| **Ownership Information** |
| **Business Name (DBA)** | **Operating Location(s)** |
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| **Registered Owner Name(s)** | **Owner Address** |
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| **Business Phone** | **Mobile Phone** |
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1. Where will you dispose the leftover potentially hazardous food and trash at the end of the operating day?

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1. Where will potable water be filled? Provide a list of equipment to be used.

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1. Where will the wastewater tank be emptied? Provide a list of equipment to be used. *Open buckets may not be used.*

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1. How and where will the potable water and wastewater tank be cleaned and sanitized?

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1. List all equipment and utensils that will be used at the CMFO vending location.

Please be specific. (For example, condiment dispenser – indicate type *(pump, squeeze bottle, pour, etc.);* microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)

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1. How will you clean and sanitize food contact surfaces and utensils during operating hours?

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1. How will you clean and sanitize utensils and equipment at the commissary “Food Headquarters”?

What specific sanitizer and method will be used? (check the method you will use below)

* Chlorine @ 100 parts per million (ppm) must contact items for at least 30 seconds.
* Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute.
* Iodine @ 25 ppm must contact items for at least one (1) minute.

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1. Where will you clean and sanitize the CMFO?

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1. List equipment you will use to cold hold, hot hold, and/or reheat food.

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1. How will you keep your operating site clean?

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**CMFO Owner** (Print Name) **Signature Date**

**For Department of Public Health Office Use Only**

**Reviewed by**: Health Inspector (Print Name) **Signature Approved on (Date)**