



APPLICATION FOR COMPACT MOBILE FOOD OPERATION PERMIT

Environmental Health Department
 1360 North Main Street, Bishop, CA 93514
 www.inyocounty.us
 (760) 878-0238

Compact Mobile Food Operation is a type of mobile food facility and is defined as non-motorized push-cart, stand, rack, or display with or without wheels, pedal-driven cart, wagon, or showcase.

Date of Application:	Legal Name of Business (DBA):		
Owner Information:	Mailing Address:		
City, State, Zip Code	Mobile Phone:		
Email:	Secondary Contact Mobile Phone and Name:		
Completed application must be submitted with all supporting documents for review. COPY OF YOUR MENU IS REQUIRED			
FacilityType:			
<input type="checkbox"/> Compact Mobile Food Operation-Low Risk (examples: prepackaged food stand or ice cream push-cart, fruit cart)			
<input type="checkbox"/> Compact Mobile Food Operation - High Risk (examples: grill cart with raw meat)			
Food Operation	Certified Food Handler (CFH) <input type="checkbox"/> Yes <input type="checkbox"/> No		Food Prep On-Site <input type="checkbox"/> Yes <input type="checkbox"/> No Provide nearest restroom location (must be within 200 feet):
	<small>*Provide proof of CFH via email at inyoehd@inyocounty.us within 60 days. Failure to submit may result in a violation.</small>		
	<input type="checkbox"/> Cart <input type="checkbox"/> Stand or Display <input type="checkbox"/> Wagon <input type="checkbox"/> 25 sq ft or less <input type="checkbox"/> Other: _____	Hand-wash sink <input type="checkbox"/> Yes <input type="checkbox"/> No Ware-washing <input type="checkbox"/> Yes <input type="checkbox"/> No Hot holding <input type="checkbox"/> Yes <input type="checkbox"/> No Cold holding <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed selling location: _____
I hereby certify under penalty of perjury that the above information is true and correct, that I have read and understand the Compact Mobile Food Operation requirements and that I will operate my Compact Mobile Food Operation Home Storage/Support 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 change.			
Signature:			Title:
Print Name:			Date:
OFFICE USE ONLY			
The following information was reviewed and verified by:		Permit # _____ Receipt # _____	Date paid: _____ Payment type: _____
Print Name: _____ Date: _____			