



MOBILE FOOD FACILITY PLAN REVIEW APPLICATION

SECTION I: MOBILE FOOD FACILITY INFORMATION

Business Name: _____ Phone Number: _____

Business Address: _____ City: _____ ST: _____ Zip: _____

TYPE OF MOBILE FOOD FACILITY (select one):

<input type="checkbox"/> Enclosed Mobile Food Facility (enclosed trailer, taco truck, coffee truck) <input type="checkbox"/> Unenclosed Mobile Food Facility (hot dog cart, shave ice cart, churros cart) <input type="checkbox"/> Mobile Food Facility Support Unit <p style="text-align: center;">*See the MFF guidelines for more details</p>	<p><u>Provide MFF Operation in Detail:</u></p>
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Owner/Operator Name: _____ Phone Number: _____

Owner/Operator Address: _____ City: _____ ST: _____ Zip: _____

Email: _____

PROJECT CONTACT INFORMATION:

Contact Person Name: _____ Phone Number: _____

Contact Mailing Address: _____ City: _____ ST: _____ Zip: _____

Email: _____

Company Name: _____ Phone Number: _____

SECTION II: PLAN REVIEW FEES

The plan check service fee includes plan check review and any communication regarding the plan check progress. The plans will be approved or rejected within **20 working days** after receipt of the payment for the total service fee balance. The Contact Person will be notified of the decision in writing. **All approved drawings are valid for the construction, reconstruction, alteration, or other work authorized by the approval within 180 days from the date of approval. If the work authorized is not commenced within 180 days a fee of fifty percent (50%) of the plan check service fee will be charged. Any code changes that render the previously authorized plans void will prompt a new plan revision and full plan check service fees.**

Indicate below the type of mobile food facility plan review and submit the corresponding plan check service fee. A service fee must accompany this application. If additional time is required beyond the required time a Madera County Environmental Health Division (MCEHD) hourly rate will apply.

TO SCHEDULE THE FINAL INSPECTION THE HEALTH PERMIT FEES SHALL BE PAID AND A COMMISSARY APPLICATION SUBMITTED TO OUR OFFICE.

Type of Plan Review	PE	Service Fee
Enclosed Mobile Food Facility	1640	\$282.00 (2 hrs)
Unenclosed Mobile Food Facility	1641	\$140.00 (1 hr)
Remodel Enclosed Mobile Food Facility	1642	\$282.00 (2 hrs)
Additional Time Spent	1672	\$140.00/hour
Automation/Software Maintenance Fee	7001	\$22.00

SECTION III: EQUIPMENT INFORMATION

1. In the table below, check the box for any equipment that will be **Installed/Replace**. List the **quantity**, **manufacturer**, **model number**, type of American National Standards Institute (ANSI) equipment (UL, NSF, ETC, SA, CE, CSA, ETL) and submit the equipment specification cutsheet to our office.
2. Each item the installed/replace box is check must be depicted in the site-specific floor plans.
3. Equipment not listed below, attached a separate page.
4. Provide a copy of the **MENU**.

Item#	Equipment	Installed/ Replace	Quantity	Manufacturer Name	Model Number	Type of ANSI
1	3-Compartment Sink	<input type="checkbox"/>				
2	Handwashing Sink	<input type="checkbox"/>				
3	Refrigerator	<input type="checkbox"/>				
4	Reach in Refrigerator	<input type="checkbox"/>				
5	Freezer	<input type="checkbox"/>				
6	Exhaust Hood (Type I)	<input type="checkbox"/>				
7	Vapor Hood (Type II)	<input type="checkbox"/>				
8	Grill	<input type="checkbox"/>				
9	Fryer	<input type="checkbox"/>				
10	Burner Stove	<input type="checkbox"/>				
11	Food Prep Table	<input type="checkbox"/>				
12	Steam Table	<input type="checkbox"/>				
13	Soda Dispenser	<input type="checkbox"/>				
14	Blender	<input type="checkbox"/>				
15	Water Heater	<input type="checkbox"/>				
16	Dipper Well	<input type="checkbox"/>				
17	Coffee Brewer	<input type="checkbox"/>				
18	Espresso Machine	<input type="checkbox"/>				
19	Storage Shelving	<input type="checkbox"/>				
20	Others:	<input type="checkbox"/>				

To determine equipment and refrigeration needs, check left column below of the type of food preparation to take place on the mobile food facility and at the commissary. On the right column, check the type of operations which will occur for this facility.

Food Item Prepared	Food Operation
Meat/meat dished	Refrigeration/Freezing of foods
Fish/shellfish dishes	Cooking of foods
Poultry/poultry dishes	Cooling foods after they have been cooked or heated
Confection (sweet ingredients)	Holding hot foods for more than 30 minutes
Rice, beans and or cheese dishes	Reheating foods which have been prepared onsite
Baked foods	Preparing foods for next day service
Gravies, sauces or soups	Washing produce
Sandwiches/Salads/Pastas	Washing meat, fish, poultry
Barbecue	Raw or undercooked foods (Sushi, wellness)
NO FOOD PREPARATION WILL TAKE PLACE	Other: Special Processes (ROP, Cook-chill Sous-vide, Dehydrating, etc.)

I declare that to the best of my knowledge the information that I have provided is true and accurate. I also agree to conform to all conditions, orders, and directions issued, pursuant to the California Health and Safety Code, and all applicable local ordinances. I understand any change without prior approval from Madera County Environmental Health Division may delay or prevent timely opening of this food establishment.

Applicant Signature

Print Name

Date

SR: _____	Division Office Use Only
AR: _____	Comments: _____
IN: _____	
PAID ON: _____	