



**MOBILE FOOD FACILITY / COMMISSARY
APPLICATION FOR PUBLIC HEALTH PERMIT / LICENSE**



Completed application must be submitted with all supporting documents for review.

OWNER INFORMATION									
FIRST NAME		MIDDLE NAME		LAST NAME					
DRIVER LICENSE OR OTHER ID				PHONE NUMBER					
PERSONAL EMAIL				BUSINESS START DATE					
AND / OR IF CORPORATION									
NAME OF CORPORATION									
EIN NUMBER				PHONE NUMBER					
CORPORATE EMAIL				BUSINESS START DATE					
COMMISSARY / SITE INFORMATION									
COMMISSARY NAME									
STREET NUMBER		ENDING STREET NUMBER		FRACTION		STREET DIRECTION			
STREET NAME						STREET TYPE			
POST STREET DIR				UNIT TYPE		UNIT			
CITY				STATE		ZIP CODE			
PHONE NUMBER				FAX					
COMMISSARY EMAIL									
MAILING ADDRESS									
CARE OF									
STREET NUMBER		ENDING STREET NUMBER		FRACTION		STREET DIRECTION			
STREET NAME						STREET TYPE			
POST STREET DIR				UNIT TYPE		UNIT			
CITY				STATE		ZIP CODE			
PERMIT DETAILS									
SELECT TYPE OF PERMIT AND PROVIDE THE CORRESPONDING REQUIRED INFORMATION									
X	TYPE OF PERMIT	REQUIRED INFORMATION	X	REQUIRED INFORMATION					
	MOBILE FOOD FACILITY LOW RISK CART (1301)			FOOD VEHICLE COMMISSARY STORAGE ONLY (1330)					
	MOBILE FOOD FACILITY HIGH RISK CART (1302)			FOOD VEHICLE COMMISSARY CLEANING/STORAGE (1332)					
	MOBILE FOOD FACILITY LOW RISK TRUCK (1310)			FOOD VEHICLE COMMISSARY 0-10 (1334)					
	MOBILE FOOD FACILITY HIGH RISK TRUCK (1311)			FOOD VEHICLE COMMISSARY 11+ (1335)					
	INDEPENDENT WHOLESALE FOOD DELIVERY TRUCK (1312)			MOTION PICTURE CATERING OPERATION (1350)					
	SOFT SERVE MACHINE (1510)								
VEHICLE INFORMATION									
DBA				VEHICLE LICENSE PLATE NUMBER					
PLAN CHECK NUMBER (SR)				VEHICLE IDENTIFICATION NUMBER (VIN)					
CERTIFICATION NUMBER (CERT)				VEHICLE MAKE/YEAR					
REQUIRED DOCUMENTATION									
	SOLE PROPRIETORSHIP			CORPORATION					
1	DRIVER LICENSE OR OTHER PICTURE IDENTIFICATION		1	ARTICLES OF INCORPORATION (INC) OR ARTICLES OF ORGANIZATION (LLC)					
2	VEHICLE COMMISSARY CONTRACT		2	STATEMENT OF INFORMATION FOR INC/LLC					
3	DMV REGISTRATION		3	FEDERAL EMPLOYEE IDENTIFICATION NUMBER (TAX ID)					
4			4	VEHICLE COMMISSARY CONTRACT					
5			5	DMV REGISTRATION					
IF OWNERSHIP CHANGE									
OLD ACCOUNT TO BE INACTIVATED		FA				PR			
BY SIGNING THIS APPLICATION I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:									
Los Angeles County Code, Title 8 requires that you have a Public Health Permit/License for the business or property shown on this application. Public Health Permit/License is not transferable. The Division of Environmental Health must be notified in writing in the event of the transfer of ownership, discontinuation of operations, or change in billing address. Significant operational changes or remodeling has NOT been conducted at the Mobile Food Facility. Notify the Division of Environmental Health, in writing, when there is a change in commissary.									
SIGNATURE				DATE					
PRINT NAME				TITLE					

The following information was reviewed and verified by: _____ DATE _____

PLEASE PRINT