



County of Santa Cruz

HEALTH SERVICES AGENCY

701 OCEAN STREET, ROOM 312, SANTA CRUZ, CA 95060-4073

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ENVIRONMENTAL HEALTH

www.scceh.com

MOBILE FOOD FACILITIES, MOBILE FOOD PREPARATION UNIT, AND CARTS HEALTH PERMIT APPLICATION

CHECK ONE: New Application Renewal Change in Ownership

Owner(s) Name(s): _____

Business Name: _____ Phone: (____) ____ - _____

Home Address: _____ Phone: (____) ____ - _____

Mailing Address: _____ E-mail: _____

TYPE OF VEHICLE (CHECK ONE):

- Mobile Food Preparation Unit
- Mobile Food Facility
- Cart, Limited Food Preparation
- Cart, Pre-Packaged
- Other (explain) _____

Vehicle License #: _____ Make and Color of Vehicle: _____

Commissary Name & Address: _____

California Health and Safety Code Section 114294 requires that all food vehicles and carts operate out of an approved commissary. Failure to utilize the commissary will result in revocation of the Health Permit.

Types of Food to be sold: _____

Proposed vending locations (include days of week and times): _____

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Permit No.: _____ PR: _____, PE: 16____, Fee: \$_____ Cash Check No.: _____

Date Inspected/ Decal Issued: _____ Decal#: _____

Application Approved by: _____ Date: _____