

## Health Permit Application for Mobile Food Facilities (MFF)

Type of Application: ☐ New MFF ☐ Change of Ownership Date of Application: \_\_\_\_\_

Classification of MFF: ☐ MFF 1 ☐ MFF 2 ☐ MFF 3 ☐ MFF 4 ☐ MFF 5

Type of Ownership: ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC ☐ LP

Name of Owner(s) or Corporation: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If corp. or LLC, list major officers: \_\_\_\_\_

DBA: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Location Address: \_\_\_\_\_ Cross St.: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Bus. License Cert. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Vehicle Make & Year: \_\_\_\_\_

Vin Number: \_\_\_\_\_ Vehicle License Plate #: \_\_\_\_\_

Commissary <sub>1</sub> DBA (food prep/cooking): \_\_\_\_\_ Commissary <sub>1</sub> Address: \_\_\_\_\_

Commissary <sub>1</sub> Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Commissary <sub>2</sub> DBA (parking): \_\_\_\_\_ Commissary <sub>2</sub> Address: \_\_\_\_\_

Commissary <sub>2</sub> Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ HCD Insignia #: \_\_\_\_\_

Signature(s) of all Owner(s) and Officer(s):

X

X

### For Department of Public Health Office Use Only

Special Notes: \_\_\_\_\_

Filing Fee \_\_\_\_\_ Zoning Referral \_\_\_\_\_ Fire Dept. Referral \_\_\_\_\_

### Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on \_\_\_\_\_, 20 \_\_\_\_

I **recommend** the issuance of a New Permit to operate ☐

I **disapprove** the issuance of a New Permit to operate ☐ for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_

Inspector

X \_\_\_\_\_

Principal Inspector

District #	Census Tract	Permit #	Type of Permit/Classification/Limitations	Loc. ID:
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## Fire Marshal Referral Form

Fire Marshal  
Division of Fire Prevention & Investigation  
698 2<sup>nd</sup> Street, Room 109  
San Francisco, CA 94107

<b>This section to be completed by Owner/Operator</b>		Opening Date: _____	
Location: _____		DBA: _____	
Owner/Operator: _____		Business Type: _____ Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Address: _____			
Change of ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____ Cell: _____	
New Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No		Remodeling: <input type="checkbox"/> Yes <input type="checkbox"/> No	

This section to be completed by Department of Public Health Staff			
Date: _____	Inspector: _____	DPH Receipt #: _____	
HD: _____	Phone: _____	Fax: _____	
<b>Fire Marshal, the business named above warrants your timely inspection for fire clearance:</b>			
<input type="checkbox"/> The Fire Marshall requires a fire clearance for the approval and issuance of a new Health Permit for this type of facility.			
<input type="checkbox"/> This facility was observed to have questionable or hazardous conditions: _____			
<input type="checkbox"/> For information only to update SFFD Records. (No Fire Fee Collected)			

This section to be completed by SFFD Staff		
<input type="checkbox"/> <b>Approved</b> Fire Safety		
<input type="checkbox"/> <b>Disapproved</b> Fire Safety: _____		
<input type="checkbox"/> Pending Clearance: _____		
(Attach a copy of pending SFFD document or NOV)		
Date: _____	Inspector: _____	Phone: _____



## Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS. THIS CHECKLIST WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

### WAGES

- ☐ 1. Pay all workers the San Francisco Minimum Wage, which adjusts annually. Maintain time and payroll records.
- ☐ 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- ☐ 3. Pay all wages within legal timeframe when employees terminate their employment.
- ☐ 4. Display posters about wages, unemployment, and pay day.

### REST BREAKS

- ☐ 5. Provide 10 minutes of paid break for every 4 hours worked.
- ☐ 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

### HEALTH BENEFITS

- ☐ 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- ☐ 8. Contribute towards health care if you have more than 20 employees.
- ☐ 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- ☐ 10. Purchase workers compensation insurance for all employees.
- ☐ 11. Deduct disability insurance.
- ☐ 12. Display posters about sick pay and workers compensation benefits.

### YOUNG WORKERS

- ☐ 13. Ask for work permits if under 18.
- ☐ 14. Schedule them to work not too many hours or too early or late in the day.
- ☐ 15. Assign teens low-risk job tasks.

### SAFETY AND HEALTH PROTECTION

- ☐ 16. Prepare and implement an Injury and Illness Prevention Program.
- ☐ 17. Identify and correct unsafe and hazardous conditions.
- ☐ 18. Establish safe working procedures.
- ☐ 19. Provide and maintain all safety tools and equipment that employees need.
- ☐ 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- ☐ 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- ☐ 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- ☐ 23. Inspect first aid kits regularly, replenish materials as needed.
- ☐ 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- ☐ 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- ☐ 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- ☐ 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- ☐ 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

### OTHER GENERAL RESPONSIBILITIES

- ☐ 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- ☐ 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- ☐ 31. Allow workers to organize and form a union.

### WHERE TO GET MORE INFORMATION

Item #	Agency
1	SF-OSLE
2	CA-DLSE
3	CA- DLSE
4	SF-OSLE
5	CA- DLSE
6	CA- DLSE
7	SF-OSLE
8	SF-OSLE
9	FEH
10	WC
11	EDD
12	WC, SF-OSLE
13	CA- DLSE
14	CA- DLSE
15	CA- DLSE
16	Cal-OSHA
17	Cal-OSHA
18	Cal-OSHA
19	Cal-OSHA
20	Cal-OSHA
21	Cal-OSHA
22	Cal-OSHA
23	Cal-OSHA
24	Cal-OSHA
25	Cal-OSHA
26	Cal-OSHA
27	CA-OSHA
28	Cal-OSHA
29	FEH
30	FEH
31	NLRB

#### ➔ Agency List

**(CA-DLSE)** Department of Industrial Relations  
Division of Labor Standards Enforcement  
455 Golden Gate Ave., 10<sup>th</sup> fl.  
San Francisco, CA 94102  
(415) 703-5300 [www.dir.ca.gov/dlse](http://www.dir.ca.gov/dlse)

**(Cal-OSHA)** Department of Industrial Relations  
California Occupational Safety and Health Administration  
121 Spear Street, Room 430  
San Francisco, CA 94105  
(415) 972-8670 [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh)

➔ **(EDD)** Employment Development Department  
745 Franklin Street, #300  
San Francisco, CA 94102  
(800) 480-3287 [www.edd.ca.gov](http://www.edd.ca.gov)

**(FEH)** Department of Fair Employment and Housing  
2218 Kausen Dr., #100  
Elk Grove, CA 95758  
(800) 884-1684 [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

**(NLRB)** National Labor Relations Board  
901 Market Street, #400  
San Francisco, CA 94103  
(415) 356-5130 [www.nlr.gov](http://www.nlr.gov)

**(SF-OSLE)** Office of Labor Standards Enforcement  
1 Dr. Carlton B. Goodlett Place, Room 430  
San Francisco, CA 94102  
(415) 554-6271 [www.sfgov.org/olse](http://www.sfgov.org/olse)

➔ **(WC)** Department of Industrial Relations  
Division of Workers' Compensation  
455 Golden Gate Ave., 2nd fl.  
San Francisco, CA 94102  
(415) 703-5011 [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc)

## Declaration of Healthy and Safe Working Conditions *Declaración de Condiciones de Trabajo Sanas y Seguras* 健康及安全工作條件聲明

The Department of Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

*El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento debe cumplir con todas las leyes.*

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Owner/Operator: \_\_\_\_\_

DBA/Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_, San Francisco, CA 941: \_\_\_\_\_

1. I understand that this business must comply with all local, state and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department of Public Health. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • San Francisco Minimum Wage Ordinance (SF-OLSE)                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • San Francisco Paid Sick Leave Ordinance (SF-OLSE)                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Health Care Security Ordinance (if more than 20 employees) (SF-OLSE) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • California Occupational Safety and Health Regulations (Cal-OSHA)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • All other federal, state, and local labor laws                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(See enclosed "Labor Law Checklist For San Francisco Business Owners" for more information)

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes:

- |  |                             |                             |
|--|-----------------------------|-----------------------------|
| • Ordenanza del Salario Mínimo de San Francisco (SF-OLSE)                                | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| • Ordenanza de Licencia por Enfermedad Remunerada de San Francisco (SF-OLSE)             | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| • Ordenanza de Seguro para el Cuidado de la Salud (negocios con 20+ empleados) (SF-OLSE) | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| • Regulaciones de la División de Seguridad y Salud Ocupacional de California (Cal-OSHA)  | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| • Todas las otras leyes laborales federales, estatales y locales                         | <input type="checkbox"/> Sí | <input type="checkbox"/> No |

(Ver adjunto la "Lista de verificación de la ley laboral para dueños de negocios en San Francisco" para más información)

1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- |                                 |                            |                             |
|---------------------------------|----------------------------|-----------------------------|
| • 三藩市最低工資法例 (SF-OLSE)           | <input type="checkbox"/> 會 | <input type="checkbox"/> 不會 |
| • 三藩市有薪病假法例 (SF-OLSE)           | <input type="checkbox"/> 會 | <input type="checkbox"/> 不會 |
| • 健康護理保障法例 (如超過20名僱員) (SF-OLSE) | <input type="checkbox"/> 會 | <input type="checkbox"/> 不會 |
| • 加州職業安全及健康法例 (Cal-OSHA)        | <input type="checkbox"/> 會 | <input type="checkbox"/> 不會 |
| • 所有其它的聯邦、州、和本地勞工法例             | <input type="checkbox"/> 會 | <input type="checkbox"/> 不會 |

( 欲獲得更多資料，參閱附上的“三藩市商業東主勞工法例核對表” )

2. I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.

*Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.*

我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。

Print Name

*Escribir Nombre*

清楚寫上姓名

Signature

*Firma*

簽名

Date

*Fecha*

日期

## Workers' Compensation Declaration for Regulated Businesses

Owner/Operator: \_\_\_\_\_

DBA/Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ SFDPH Permit Type: \_\_\_\_\_

I understand that this business must comply with the Workers' Compensation laws of the State of California to obtain and maintain a valid permit to operate from the San Francisco Department of Public Health. I hereby affirm one of the following declarations:

- ☐ I have and will maintain a **"Certificate of Consent to Self-Insure"** for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ☐ I have and will maintain a **"Certificate of Insurance"** for workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Policy Number

- ☐ I certify that this business is **not subject to requirements of Section 3700 of the Labor Code** at this time.

I agree that if this business employs any person in any manner so as to become subject to the workers' compensation laws of the State of California and the provisions of Section 3700 of the Labor Code, I will comply with those provisions and I will provide proof of coverage as required by the San Francisco Department of Public Health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**Required Attachment:**      **Certificate of Insurance** from Carrier *or*  
**Certificate of Self-Insurance** from the State.

Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to **one hundred thousand dollars (\$100,000)**, in addition to the cost of compensation, damages as provided in Section 3706 of the Labor Code, interest and attorney's fees.