



Permits

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

APPLICATION FOR REVOCABLE MOBILE FOOD FACILITY PERMIT

PUBLIC WORKS PERMIT#

For Official Use Only

BUSINESS INFORMATION

Business/ DBA Name: _____ Applicant Name: _____

(If applicant is a corporation, list names and addresses of each officer, director and each stockholder owning more than 10% of stock of the corporation on a separate attachment.)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Commissary Address: _____

City: _____ State: _____ Zip: _____

SF Business Certificate: _____ Driver's License: _____

FACILITY INFORMATION

Type of Facility: Push Cart Truck Truck/Trailer

Proposed Menu:

PROPOSED LOCATION(S) & OPERATION INFORMATION

Location description shall include address and physical description (e.g. north side of 'A' Street, 100 feet east of 'B' Avenue). Provide a separate site plan and photo(s) for each location(s). See "Mobile Food Facility Sample Drawing."

Location 1: _____

Days of Operation:	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	SA <input type="checkbox"/>	SU <input type="checkbox"/>
Hours:	_____ AM <input type="checkbox"/>	_____ PM <input type="checkbox"/>	to	_____ AM <input type="checkbox"/>	_____ PM <input type="checkbox"/>		

Location 2: _____

Days of Operation:	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	SA <input type="checkbox"/>	SU <input type="checkbox"/>
Hours:	_____ AM <input type="checkbox"/>	_____ PM <input type="checkbox"/>	to	_____ AM <input type="checkbox"/>	_____ PM <input type="checkbox"/>		

Location 3: _____

Days of Operation:	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	SA <input type="checkbox"/>	SU <input type="checkbox"/>
Hours:	_____ AM <input type="checkbox"/>	_____ PM <input type="checkbox"/>	to	_____ AM <input type="checkbox"/>	_____ PM <input type="checkbox"/>		

SITE ADDRESS: _____

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DEPARTMENT OF PUBLIC HEALTH (DPH) CLASSIFICATION:

See DPH application for classification

Check One: MFF 1 MFF 2 MFF 3 MFF 4 MFF 5

CALIFORNIA DEPARTMENT OF MOTOR VEHICLE (DMV) REGISTRATION

Make/Model: _____ License Plate #: _____

Vehicle ID#: _____

SUBMITTAL CHECKLIST

- Complete San Francisco Public Works Application
- Two (2) photographs of permit applicant(s) (Passport photo size or similar)
- Non-Refundable Fee (See fee schedule)
VISA, MasterCard, American Express, Check or Money Order made payable to San Francisco Public Works
- Site Plan: Dimensioned footprint of mobile food facility, property lines, sidewalk widths, existing parking alignment, adjacent building(s) including all entrances/exits, fire protection services, existing sidewalk furniture (e.g. utility poles, fire hydrants, parking meters, etc.)
- For Mobile Food Trucks: 75-foot radius notification packet: Map, List, Addresses, Postage, Affidavit.
- For Mobile Food Pushcarts: 300-foot radius notification packet: Map, List, Addresses, Postage, Affidavit.
For required notification mailings:
 - Envelopes will be provided by San Francisco Public Works
 - Applicant will be required to affix address labels and postage

FINAL APPROVAL CHECKLIST

Prior to final approval from Public Works, the applicant must provide the following:

- Current Department of Public Health (DPH) Certificate of Sanitation (public) and Decal
- Current San Francisco Fire Department (SFFD) Inspection Report and Decal
- Current San Francisco Business Registration Certificate
- California Department of Motor Vehicles (DMV) Vehicle Registration

Applicant understands and agrees to comply with all conditions noted on this application, the Public Works Code, Health & Safety and Fire Codes, DPW Order No. 182,101 and other local, state and federal laws governing mobile food facilities and accessibility as they may apply to this permit.

Print Name

Signature of Applicant/Authorized Agent

Date

COMPLETE AND SUBMIT THE APPLICATION EITHER IN PERSON OR THROUGH EMAIL

IN PERSON

San Francisco Public Works, **Permit Center, Permits**, 49 South Van Ness Ave. Suite 200

Processing Hours: Please visit <https://sf.gov/location/permit-center>

for operating hours of the Permit Center. **Closed on official holidays**



EMAIL

Electronic copies (PDF) of the application materials may be sent to: **BSMPermitDivision@sfdpw.org**

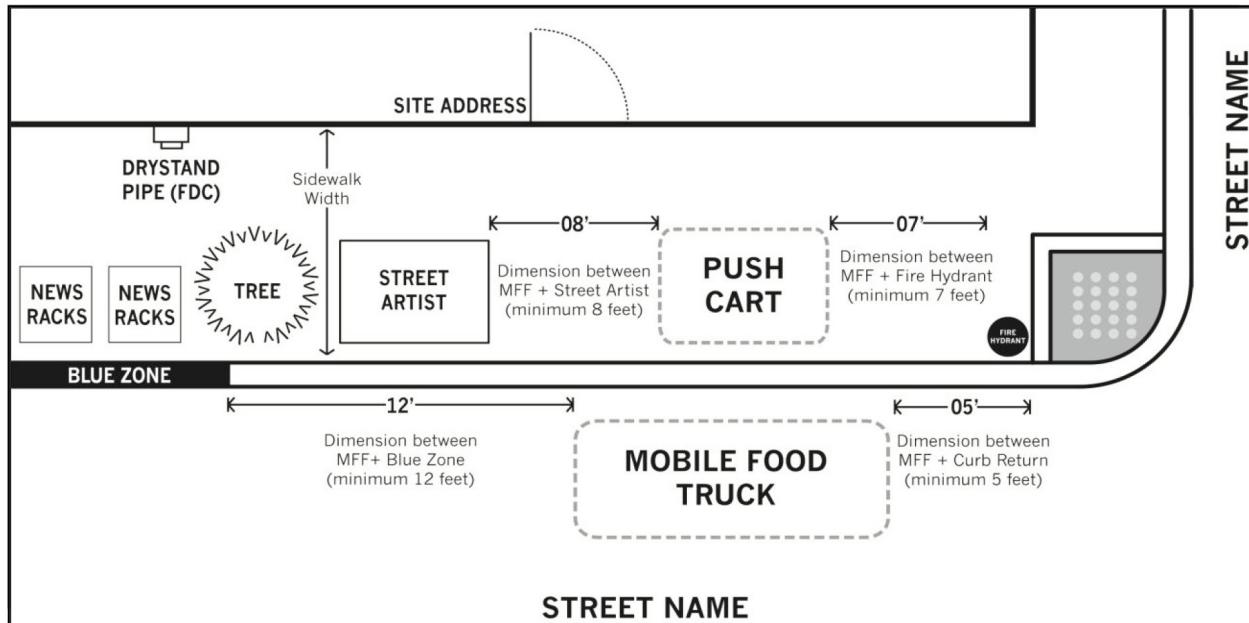


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MOBILE FOOD FACILITY PERMIT SAMPLE DRAWING



- Dimension the length and width of the Mobile Food Facility.
- When choosing a location, please be aware that the majority of trucks provide service on the passenger side of the vehicle.
- Truck / trailers shall be located on the street in a legal parking space.
- Pushcart: The minimum recommended width of a sidewalk shall be 15 feet.
- Truck: The minimum recommended width of a sidewalk shall be 10 feet.
- Represent the dimension(s) between the Mobile Food Facility and any obstructions: newspaper racks, bike racks, signs, parking meters, hydrants, payphones, lights, SFFD alarm, street trees etc.
- All Mobile Food Facilities must maintain a minimum clearance of
 - ▶ 8' from Street Artist (<https://www.sfartscommission.org/find-opportunities/art-vendor-program/maps>)
 - ▶ 5' from Curb Return
 - ▶ 6' Path of Travel
 - ▶ 6' from Street Furniture
 - ▶ 7' from Fire Hydrant
 - ▶ 8' from Bus Zones
 - ▶ 12' from Blue Zone

SITE ADDRESS: _____

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SAMPLE BUSINESS REGISTRATION CERTIFICATE

CITY AND COUNTY OF SAN FRANCISCO - OFFICE OF THE TREASURER & TAX COLLECTOR BUSINESS REGISTRATION CERTIFICATE FY			RENEW THIS CERTIFICATE BY	THIS CERTIFICATE EXPIRES ON
CERTIFICATE NO.	LOC	CLASS	CLASSIFICATION DESCRIPTION	
<input type="text"/>			BUSINESS NAME	
			BUSINESS LOCATION	
TAXPAYER'S SIGNATURE _____				
OWNERSHIP	DATE ISSUED:			
DBA				
MAILING ADDRESS	GEORGE W. PUTRIS TAX ADMINISTRATOR			
CITY - STATE				
MUST BE POSTED CONSPICUOUSLY AT THE BUSINESS LOCATION				
READ REVERSE SIDE. NOTIFY THE TAX COLLECTOR IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS P O BOX 7425, SAN FRANCISCO 141-0 7425				

SAMPLE DEPARTMENT OF PUBLIC HEALTH DECAL STICKER & CERTIFICATE OF SANITATION

 AND CERTIFICATE OF SANITARY INSPECTION <small>Issued according to provisions of the San Francisco Health Code</small>	AUTHORIZING conduct of the following class of FOOD PREPARATION AND SERVICE ESTABLISHMENT	ISSUED:
Type of Operation: _____	Tax Code: _____	GPM Code: _____
Name and Address Below: Owner: _____ DBA: _____ Street Address: _____	DEPARTMENT OF PUBLIC HEALTH Bureau of Environmental Health City and County of San Francisco	
Valid only when accompanied by a receipt from the Tax Collector showing payment of current license fee. THIS PERMIT TO OPERATE MAY BE REVOKED OR SUSPENDED FOR CAUSE AND IS NOT TRANSFERABLE. CHANGE OF OWNERSHIP must be reported immediately.		
Inspector: _____	Director of Environmental Health: _____	
Principal Inspector: _____	Director of Public Health: _____	


772 3 Digit Number

SAMPLE FIRE DEPARTMENT INSPECTION REPORT & DECAL

 BUREAU OF FIRE PREVENTION INSPECTION REPORT FOR MOBILE CATERING EQUIPMENT	SFFD PERMIT NBR: <input type="text"/>	
DBA: _____	PHONE: _____	
OWNER'S NAME: _____	PHONE: _____	
MAILING ADDRESS: _____		
CITY: _____	STATE: _____	ZIP CODE: _____
San Francisco Fire Department 698 – 2nd St., S. F. CA 94107		
SFFD ANNUAL INSPECTION		
DBA: _____ Permit No.: _____ Vehicle Lic.: _____ Inspected By: _____ Date: _____		