



## Mobile Food Facility Route Sheet

FA #	
PR#	

Name of Mobile Food Facility: \_\_\_\_\_ Lic plate #: \_\_\_\_\_

Name of operator: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**How will the refrigeration be powered on the mobile unit when it is operating away from the commissary? (i.e. generator, inverter, etc.,)**

**Please list your current route information/location of operation in the spaces provided below:**

Location/Address w/city and zip code:	Days of Operation:							Start Time:	End Time:
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
1. _____	<input type="checkbox"/>	_____	_____						
2. _____	<input type="checkbox"/>	_____	_____						
3. _____	<input type="checkbox"/>	_____	_____						
4. _____	<input type="checkbox"/>	_____	_____						
5. _____	<input type="checkbox"/>	_____	_____						
6. _____	<input type="checkbox"/>	_____	_____						
7. _____	<input type="checkbox"/>	_____	_____						
8. _____	<input type="checkbox"/>	_____	_____						
9. _____	<input type="checkbox"/>	_____	_____						
10. _____	<input type="checkbox"/>	_____	_____						

**NOTE: Additional agency approval may be required for the MFF operating locations (i.e code enforcement, zoning/planning). If you are going to park your MFF at one location for longer than one hour, you must complete the Restroom Verification Form.**

Revised route information may be provided by fax: (916) 875-8513, email: [emdinfo@saccounty.net](mailto:emdinfo@saccounty.net) or US mail.

I understand and agree that if I make changes to my route or business location, I must notify the Environmental Management Department (EMD) within 30 days.

Signed: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### **OFFICE USE ONLY**

Received/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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