



MOBILE FOOD FACILITY ROUTE SHEET

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
Telephone: (626) 430-5500



Name of Mobile Food Facility: _____ Date: _____
Vehicle Identification Number: _____ License Plate #: _____
Commissary Name: _____ FA: _____ PR: _____

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

In addition, my current route information/location of operation is posted on our website.

Revised route information may be provided by Fax: (626) 813-3021, e-mail: ehvip@ph.lacounty.gov, or by U.S. mail to:

Vehicle Inspection Program
5050 Commerce Drive, Baldwin Park, CA 91706

I understand and agree that if I make any changes to my route or business location, I must notify the Vehicle inspection Program (VIP) within 30 days. I further understand that failure to notify VIP of any changes may result in the suspension or revocation of my Public Health Permit to operate as a Mobile Food Facility.

Name of Owner/Operator: _____ Signature: _____ Telephone: _____

Fax#: _____ E-mail: _____ Website: _____

OFFICE USE ONLY

Received/Reviewed by: _____ Date: _____

CONFIDENTIAL: The information provided above is not a public record and must not be copied, faxed, reviewed or distributed without written authorization from the owner. [CA Public Records Act, Section 6254.5(e)]