PUBLIC HEALTH PERMIT/LICENSE SUPPLEMENTAL APPLICATION

MOBILE FOOD FACILITY

Environmental Health Division Mobile Food Program

5050 Commerce Drive, Baldwin Park, CA 91706 www.publichealth.lacounty.gov/eh | (626) 430-5500



	NEW
П	CHANGE OF OWNERSHIP

This Supplemental Application must be completed and submitted with the Public Health Permit/License Application and all supporting documents. See page 2 for all required documents. Please contact the Mobile Food Program at (626) 430-5500 to request a secure email to submit personal documents safely.

For new Mobile Food Facilities, please contact the Plan Check Program at (626) 430-5560 for instructions on how to submit plans and obtain approval.

Date of Application: Legal Name of Business (DBA):):								
PERMIT TYPE											
FACILITY TYPE	Select Type of Permit. One application per Mobile Food Facility (MFF) – See page 2 for definitions.										
	Mobile Food Facility – Low Risk: A Mobile Food Facility that sells only whole, uncut, uncooked produce, pre-packaged ice cream bars or frozen fruit-based bars, or prepackaged non-potentially hazardous foods, for retail sale. (Examples: pre-packaged ice cream truck, produce truck).										
	Mobile Food Facility – Moderate Risk: A Mobile Food Facility that offers potentially hazardous foods or prepared/unpackaged food that does not include any raw meat, raw fish, or raw poultry, for retail sale. (Examples: soft serve ice cream truck, smoothie truck, fruit salad truck, beverage truck, donut truck, pizza truck, sandwich truck handling precooked meats).										
	Mobile Food Facility – High Risk: A Mobile Food Facility that prepares food, including raw meat, raw fish, or raw poultry, for retail sale. (Examples: taco truck, kebab truck, BBQ truck, sandwich truck handling raw meats). Note: Occupied Mobile Food Facilities (truck or trailer) must be fully enclosed and require the HCD Certification.										
	Mobile Support Unit: A vehicle used in conjunction with a commissary or other permanent Food Facility that travels to and services Mobile Food Facilities as needed to replenish supplies, including food and potable water, clean the interior of the unit, or dispose of liquid or solid wastes.										
	Soft Serve Machine (Only applicable to Moderate and High Risk MFF)										
	Total Due:										
				COMMISSARY							
Commissary Name:			Contact	Contact Person:							
Business Address: (Include street directions, if applicable)			Unit:	City:	1	Zip Code:					
Business E-mail Address:				Business	Business Website:						
Business Phone #:			Addition	Additional Business Phone #:							

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VEHICLE									
Plan Check SR #: (for new MFF only)			Certification Sticker #: (located on the rear, driver side of the vehicle)						
Vehicle License Plate #:			Identification # (VIN):	Vehicle Make/Mod	del/Year:				
CERTIFICATIONS	Certified Food Protection Manager (CFPM) Obtained: ☐ Yes ☐ No − Provide proof of CFPM within 60 days of the start of operation via ehvip@ph.lacounty.com. Failure to submit certification is a violation. Certified Food Handler (CFH) Obtained: ☐ Yes ☐ No − Provide proof of CFH card within 30 days of the start of operation via ehvip@ph.lacounty.com. Failure to submit certification is a violation.								
	SUBMIT THE APPLICABL	E DOCL	JMENTS WITH THIS A	PPLICATION:					
	Completed Public Health Permit/License Applica	<u>tion</u>							
	Commissary Contract dated within the past 30 days – A Commissary is a permitted facility where food is stored and advanced food preparation takes place; also, the MFF is cleaned, wastewater is thrown away, and potable water is obtained.								
	Additionally, the following online platforms are approved alternative methods for Mobile Food Operators to submit their routes changes, however, are not endorsed by Public Health: • Post on social media (Facebook, Instagram, "X", Yelp, or others) • Submit an update at https://trucks.bestfoodtrucks.com/signup/reporting								
	Menu – A list of food items prepared on the MFF								
	Housing and Community Development certificat	ion for o	occupied trucks and trail	ers.					
	DMV Registration								
	Lease Agreement if vehicle is leased.								
	AC	NOW.	LEDGEMENT						
	ACKNOWLEDGEMENT I hereby certify under penalty of perjury that the above information is true and correct, and I will operate my Mobile Food Facility (MFF) in compliance with the requirements set forth in the California Health and Safety Code.								
	Any changes to approved operations must be reported to this Division in writing prior to change.								
	I understand that failure to service, clean and/or store my mobile food facility at an approved commissary or other approved facility may result in the suspension or revocation of my Public Health Permit to operate as a mobile food facility with the County of Los Angeles.								
Signat									
Print Name:				Date:					
OFFICE USE ONLY									
Review	wed and verified by:								
			Invoice # Date: Old account to be inactivated, if applicable:						
Print Name			FA: PR:						



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