



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

Trisha Tillotson, Agency, Director

ENVIRONMENTAL HEALTH DEPARTMENT

Amy Irani, REHS, Director

950 MAIDU AVENUE, SUITE #170
P.O. Box 599002
NEVADA CITY, CA 95959

PH: (530) 265-1222
FAX: (530) 470-2939

Env.Health@co.nevada.ca.us
<http://mynevadacounty.com>

MINOR Mobile Food Facility Permit Application Instructions

(Note: Minor Plan Checks are for **existing** mobile facilities that have been previously permitted by Nevada County or another jurisdiction)

The following is a step-by-step guide for persons wishing to obtain a Mobile Food Facility (MFF) permit in Nevada County. It is very important that you follow these instructions and complete the items in the order they are described.

1. **IMPORTANT: Before you begin, please read through the enclosed document titled “*Plan Check Guidelines for Mobile Food Facilities and Mobile Support Units*”.** Then submit the following to Nevada County Department of Environmental Health (NCDEH).
 - a. Submit Fee: Minor Food Plan Check, PE 1215 = **\$587.16**
 - b. Agreement to Pay Form
 - c. Proposed Menu
 - d. Drawings: Submit detailed layout of vehicle, including location of all sinks, equipment specification sheets, finish information for all surfaces, water tank and hot water heater specifications.
 - e. Shared Food Facility/Commissary Agreement
 - f. *CCDEH Limited Food Prep Mobile Food Facilities Written Operational Procedures (2 pages)*

2. Then, call NCDEH to schedule an appointment with an inspector. At this appointment, you must bring your proposed MFF vehicle to **950 Maidu Ave., Nevada City, CA**, so that it may be inspected.

Please Note: A Minor Plan Check fee (1.a) includes 3 hours of service. Additional time may be billed at a rate of \$195.72/hr if necessary.

3. Upon receiving final approval from NCDEH, submit the following documents to complete the permitting process:
 - a. Application for Annual Environmental Health Certification of Operation
 - b. Submit Fee for Annual MFF Permit to Operate, PE 1634 = **\$489.30**
Please Note: The Environmental Health Certificate of Operation permit year begins November 1st and ends October 31st of each year. Fee may be pro-rated if applying after start of permit year.
 - c. Agreement to Pay Form

DO NOT OPERATE IN NEVADA COUNTY UNTIL RECEIVING YOUR PERMIT



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WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

Facility Name: _____

FA Number: _____

Location of Operation: _____

Business Owner Name: _____

Phone No. _____

Email: _____

Mailing Address: (street, city, zip) _____

*****Please provide a copy of your route if there are multiple locations.*****

Hours of Operation:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
End	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES.
Please note that any changes to the menu, equipment or procedures listed on this require prior approval by Nevada County Environmental Health.

1. Indicate the location where you will store food at the end of the day:

Address where Food is Stored: _____

2. Indicate the location where you will store the Mobile Food Facility at the end of the day.

Address where MFF is Stored: _____

3. Describe the procedure you will use to fill the MFF potable water tank and the location where it will be filled:

4. Describe the procedure you will use to empty the MFF waste water tank and the location where it will be emptied:

5. Describe the procedures you will use to clean and sanitize the potable water and waste tanks:

Tank	Cleaning Method	Sanitizing Method	How Often?
Potable Water			
Waste Water			

6. Name of facilities providing restroom facilities during hours of operation:

Name: _____ Site Address: _____

Name: _____ Site Address: _____

7. List equipment and utensils that will be used on the MFF. Please be specific on equipment's use and function.

For example: **Equipment:** Blender; **Intended Use:** Make Smoothies.

Equipment	Intended Use in Mobile Food Facility

8. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment and utensils during working hours and at the commissary:

	During Working Hours	At the Commissary
Clean		
Sanitize		

9. Indicate the specific sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
- Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Contact with a solution of 25 ppm available iodine for at least one minute.

Please check one option you will use:

- Commercial pre-mixed solution
- I will prepare my own sanitizer solution

Note: Appropriate test strips shall be on the MFF to check sanitizer concentration

10. Acknowledgement



COUNTY OF NEVADA
Environmental Health Department
 950 MAIDU AVENUE, STE. 170, P.O. BOX 599002
 NEVADA CITY, CA 95959-8617
 (530) 265-1222 x3 FAX (530) 470-2939
<http://www.mynevadacounty.com>

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

 Signature Dated: _____ CDL# _____

 Printed Name Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____
 Check #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____
 DPW #: _____ Project File #: _____ Billing Code: _____
 Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____



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COMMISSARY VERIFICATION FORM

MOBILE FOOD FACILITIES (MFF), MOBILE SUPPORT UNITS (MSU), TEMPORARY FOOD FACILITIES (TFF),
CATERER'S, AND PLATFORM KITCHEN OPERATION (PKO)

To be completed by the commissary owner; attach original with your Food Permit Application

CLASSIFICATION (Check one that applies)

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> MFF (Full Food Preparation) | <input type="checkbox"/> MFF (Pre-Packaged Only) | <input type="checkbox"/> TFF |
| <input type="checkbox"/> MFF (Limited Food Preparation) | <input type="checkbox"/> MSU | <input type="checkbox"/> Caterer |
| <input type="checkbox"/> PKO | | |

OWNER INFORMATION (MFF, MSU, TFF, PKO, and Caterer)

Business Name: _____

Owner Name: _____ Phone No. _____

Mailing Address: _____

Email: _____ Website: _____

Vehicle Make / Model: _____ License Plate No. _____
(if applicable)

COMMISSARY OWNER INFORMATION

Business Name: _____ Phone No. _____

Commissary Address: _____

Commissary Contact: _____ Phone No. _____

Days/Hours of Operation: _____ Email: _____

Agency Issuing Permit for Commissary: _____ If Nevada County, FA Number: _____

If Agency issuing permit is out of county, please attach a copy of valid health permit.

Water Supply: Public Private Sewage Disposal: Public Private

I hereby declare that _____ @ _____
has my permission to use my approved commissary _____ DBA _____,
located at _____ for a period of _____ months/years.

Monthly Commissary User Log In Sheet

Month _____ Year: 20__

Submit to NCDEH on the 15th of the following month

Commissary Name:		Mobile/TFF/PKO or Caterer Name:	
Commissary Operator:		Operator:	
FA/PR Numbers:		FA/PR Numbers:	
Contact Number:		Contact Number:	

Date:		Name:		Signature:	
Date:		Name:		Signature:	
Date:		Name:		Signature:	
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Date:		Name:		Signature:	
Date:		Name:		Signature:	

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

Commissary Operator Signature Date

Commissary Operator Name (Print)

Mail, E-mail or Fax to:

Nevada County Department of
Environmental Health
950 Maidu Ave, Suite 170
P.O. Box 599002
Nevada City, CA 95959

E-mail: env.health@co.nevada.ca.us

Phone: (530) 265-1222 opt.3
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