



COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY

Trisha Tillotson, Agency Director

ENVIRONMENTAL HEALTH DEPARTMENT

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950 MAIDU AVENUE, SUITE #170

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NEVADA CITY, CA 95959

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[Env.Health@co.nevada.ca.us](mailto:Env.Health@co.nevada.ca.us)

<http://mynevadacounty.com>

## MAJOR Mobile Food Facility Permit Application Instructions

(NOTE: MAJOR PLAN CHECKS ARE FOR NEW CONSTRUCTION, MAJOR REMODEL OR MOBILE FACILITIES THAT HAVE NOT 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*". Then submit the following to Nevada County Department of Environmental Health (NCDEH).
  - a. Submit Fee: Major Food Plan Check, PE 1216 = **\$1,565.76**
  - b. Agreement to Pay Form
  - c. Proposed Menu
  - d. Drawings: Submit two (2) complete sets of plans showing a detailed layout of vehicle. Drawings shall show all four (4) sides and a top view along with a complete plumbing diagram. Include the following: 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. *Mobile Food Facility Written Operational Procedures*
  - g. *If you are doing new truck construction or remodeling, you will need to contact the State Housing and Community Development Department (HCD) for an inspection to meet California construction standards.*
2. Upon approval of the construction plans, construction or remodeling can begin. Once construction is complete, and after HCD approval, a construction inspection may be requested.

**Please Note:** A Major Plan Check fee includes eight (8) 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 1<sup>st</sup> and ends October 31<sup>st</sup> 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
<b>Start</b>	<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
<b>End</b>	<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

I understand and agree that if I make changes to my operating procedures, I must notify Nevada County Department of Environmental Health within 7 days. Failure to notify Nevada County Department of Environmental Health of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# Menu Description

Please use additional sheet if necessary

Write below a complete list of foods and beverages that will be offered on the mobile food facility menu.			Where was this food purchased?	Where will the food be prepared?	
FOOD ITEM	UNPACKAGED FOOD	PREPACKAGED FOOD		COMMISSARY	ON SITE



**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) 265-9854  
<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)

MFF (Full Food Preparation)

MFF (Pre-Packaged Only)

TFF

MFF (Limited Food Preparation)

MSU

Caterer

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 \_\_\_\_\_ ,

located at \_\_\_\_\_ for a period of \_\_\_\_\_ months/years.





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**COMMISSARY KITCHEN ALTERNATE STORAGE LOCATION VARIANCE**

Name of Food Operation: \_\_\_\_\_

**Circle One:** Caterer PKO MFF TFF

Name of Food Operation Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Commissary Kitchen: \_\_\_\_\_

Address of Commissary Kitchen: \_\_\_\_\_

Name of Commissary Kitchen Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Nevada County Environmental Health permit # of Commissary Kitchen: PR \_\_\_\_\_

**Office Use**

This application is to be used in conjunction with the Commissary Kitchen, Caterer, Platform Kitchen Operation (PKO), Mobile Food Facility (MFF), Temporary Food Facility (TFF) Applications for Alternative Storage Location(s) to comply with the following storage requirement:

Operators of a Commissary Kitchen, Caterer, PKO, MFF, TFF shall have NCDEH approved storage areas for utensils, cookware, equipment, pre-packaged non-potentially hazardous food items, and potentially hazardous foods. There shall be no comingling of these named items in the commissary kitchen. Adequate clearly labeled shelf space or area shall be provided for the storage of utensils and other supplies for Caterers, MFFs, TFFs, and PKOs operations. **Potentially Hazardous Foods (PHFs) are absolutely not allowed to be stored outside of an approved commissary kitchen for these named operations.** Commissary kitchen users will be subject to alternative storage location inspections upon variance approval. Any violations to this variance will be subject to permit suspension.

Alternative Storage Location(s) shall comply with the following California Retail Food Code (CRFC) requirements:

**Section 113980 Protection from Contamination**

All food shall be manufactured, produced, prepared, compounded, packed, **stored**, transported, kept for sale, and served so as to be pure and free from adulteration and spoilage; shall have been obtained from approved sources; shall be protected from dirt, vermin, unnecessary handling, droplet contamination; shall otherwise be fully fit for human consumption; and shall conform to the applicable provisions of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875)).



**Section 114161 Storage Contamination Prevention**

- (a) Cleaned and sanitized equipment, utensils, laundered linens, and single-use articles shall not be in any of the following locations:
  - 1. Locker rooms
  - 2. Toilet rooms
  - 3. Refuse rooms
  - 4. Mechanical rooms
  - 5. Under sewer lines that are not shielded to intercept potential drips
  - 6. Under leaking water lines, including leaking automatic, fire sprinkler heads, or under lines on which water has condensed
  - 7. Under open stairwells
  - 8. Under other sources of contamination

Please answer the following items if applicable:

- 1) Where do you plan to store the following:
  - a) Hot dog cart \_\_\_\_\_
  - b) Popcorn kettle \_\_\_\_\_
  - c) Smoker \_\_\_\_\_
  - d) BBQ grill \_\_\_\_\_
  - e) Mobile Food Truck \_\_\_\_\_
  - f) Catering Equipment \_\_\_\_\_
  - g) Name additional equipment \_\_\_\_\_
  - i) Location \_\_\_\_\_
- 2) Is your residence under an HOA or are there restrictions on parking mobile food trucks on the street or at your address? \_\_\_\_\_ Provide Planning/Zoning Permit
- 3) What containers will you use to store herbs and spices, utensils? Where will these be stored?  
Location: \_\_\_\_\_  
**Utensils shall not be comingled with household utensils for personal, residential use.**
- 4) Provide photos of storage area
  - (a) How is the area secured? \_\_\_\_\_
  - (b) Is the area secured from weather and vermin? \_\_\_\_\_
- 5) Provide photos of storage containers

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

<b>THIS SECTION FOR OFFICE USE ONLY</b>	
Approved By (Signature): _____	Date: _____
Print Name: _____	REHS

# Monthly Commissary User Log In Sheet

Month \_\_\_\_\_ Year: 20\_\_

Submit to NCDEH on the 15<sup>th</sup> 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:**

**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](mailto:env.health@co.nevada.ca.us)

\_\_\_\_\_  
 Commissary Operator Signature Date

\_\_\_\_\_  
 Commissary Operator Name (Print)

Phone: (530) 265-1222 opt.3  
 FAX: (530) 470-2939