Site	#



Department of
Resource Management
675 Texas Street, Suite 5500
FAIRFIELD, CALIFORNIA 94533-6341
www.solanocounty.com
707-784-6765

Compact Mobile Food Operation (CMFO) Permit Application

Display/Rack Unenclosed Unit Person
Business Name:
Owner Name: Owner Phone(s):
Owner Mailing Address:
Email:
Handling raw meat, poultry, or fish
Please attach the following <u>required</u> documents to your permit application:
 Menu/listing of all food and beverages sold from CMFO Standard Operation Procedures for cleaning, storage, and transportation of CMFO A labeled drawing /schematic of the equipment layout of the entire unit (all sides) Specification sheets for water heater (if applicable) and all equipment Finish schedule for interior and exterior of the unit Solano County Commissary Agreement form completed and signed by the local County Environmental Health Dept Storage Location for CMFO [Photos Required] (Circle One: Home; Permitted Facility; Other) Procedures for cleaning potable water and wastewater tanks and tank sizes Construction Review Fee
I certify that my operation on this CMFO does not and will not include any of the following: thawing, cooling of cooked potentially hazardous foods (PHF), grinding raw ingredients or PHF, reheating PHF for hot holding (except steamed or boiled hot dogs, and tamales in the original inedible wrapper), hot holding non-prepackaged PHF (except steamed or boiled hot dogs, and tamales in the original inedible wrapper or food prepared at an approved permanent food facility), washing of foods, cooking PHF for later use, and any operation requiring licensing through the California Department of Food and Agriculture, Milk and Dairy Branch. <u>Health & Safety Code, Section 113818</u>

I understand that failure to submit any of the above required information may delay the processing of this application. I understand that all storage areas and commissaries must be approved independent of this application.

Signed:			Date:				
Construction Review Fee \$	Paid Date Receiv			Receipt #	de		_
E.H. Specialist:				Date Approv		Dormit	Application
\\Solano\Root\RM\Public\EMWP\ENV JAM.docx		IUDILE	FOOD	rACILITIES/Comp		reiiiit	Application

FINISH MATERIALS

*Raw wood not permitted to be used as exterior CMFO material

LOCATION/EQUIPMENT	MATERIAL
Exterior of CMFO	
Interior of CMFO	
Food Storage Area	
Food Preparation Compartment	
Other:	

FOOD SERVICE EQUIPMENT LIST

EQUIPMENT	MANUFACTURER	MODEL

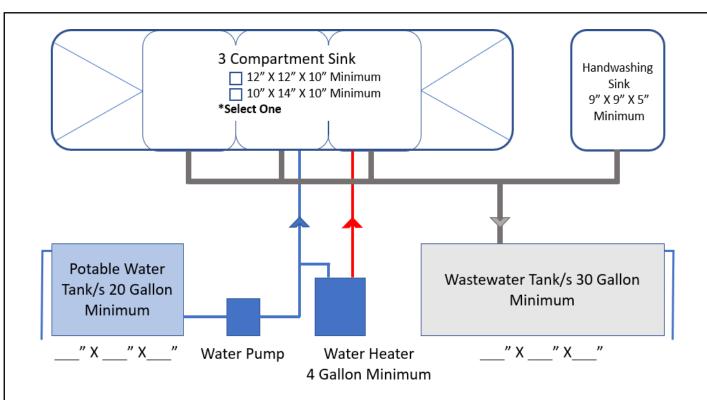
POWER/GAS PLAN

Select all applicable options and fill in the blanks for each one:

DC Battery* (Quantity)	AC Battery (Quantity)	Propane Tank (Pounds; Quantity	_)
*Requires Inverter			

Page 7

PLUMBING DIAGRAM WITH 3 COMPARTMENT SINK

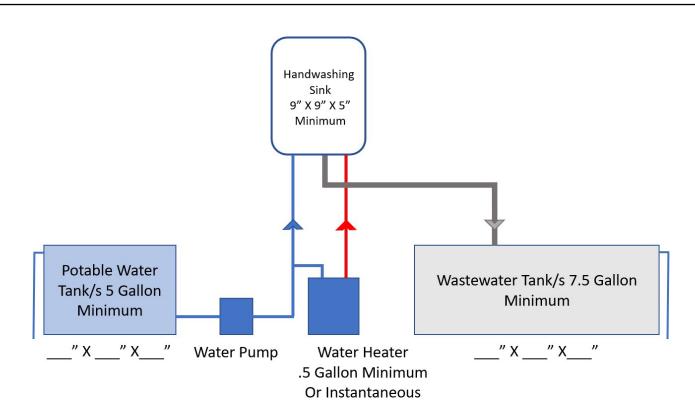


Plumbing Notes:

- All plumbing lines shall be connected to the tanks with watertight seals.
- Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.
- Potable water tanks and wastewater tanks mounted in the CMFO shall have an air vent overflow installed draining outside of the CMFO in a downward direction covered with 16 mesh per square inch screen.
- Tanks may be removeable. If they are not removeable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.
- Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.
- Waste lines must be a different color than the lines for potable water.
- The 3-compartment sink must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments.

WATER PUMP MANUFACTURER AND MODEL:

WATER HEATER MANUFACTURER AND MODEL:



Plumbing Notes:

- Water heater is optional.
- All plumbing lines shall be connected to the tanks with watertight seals.
- Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.
- Potable water tanks and wastewater tanks mounted in the CMFO shall have an air vent overflow installed draining outside of the CMFO in a downward direction covered with 16 mesh per square inch screen.
- Tanks may be removeable. If they are not removeable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.
- Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.
- Waste lines must be a different color than the lines for potable water.

WATER PUMP MANUFACTURER AND MODEL:

WATER HEATER MANUFACTURER AND MODEL:

Standard Operational Procedures for Unpackaged Compact Mobile Food Operations

Hours of	Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Operation	Start:	🛛 am	Dam	🛛 am	🛛 am	🛛 am	🛛 am	am
-	Start.	□ pm	D pm	🗆 pm	🗆 pm	□ pm	□ pm	🗆 pm
	End:	□am □pm	🗆 am 🖵 pm	🗆 am 🗆 pm	🗆 am 🖵 pm	□am □pm	□am □pm	□am □pm
		·	1 .			1 -	1 ·	
Location Of	Operatio	n:		CITY:			,C/	A_ZIP:
Business Ov	vner Nam	ie:			PI	HONE <u>:</u>		
FAX: ()_					<u>E</u>	MAIL:		
Mailing Add	lress:				City:	STATE:	ZIP:	
1. Indicat	e the loca	ation where you	will store food	d at the end o	f the day.			
Food Store	ed at:			· · · · · · · · · · · · · · · · · · ·	City:		, CA Zi	p
		Street No. Str	eet Name					
2. Indicate	the locat	ion where you v	vill store the C	ompact Mobi	le Food Opera	tion (CMFO) u	nit at the end	l of the day.
		•						
		Street No. Stre					/	
3. Name of	f business	s providing restr	oom facility du	uring hours of	operation:			
Business lo	ocation:				City:		<u> </u>):
		Street No. Stre	et Name					
4. Describe	e the proc	edures you will	use to clean a	nd sanitize fo	od contact sur	faces, equipm	ent, and uten	sils during
	•	it the commissa				/ 1 F	,	5
			During wor	king hours			At the Comr	nissarv
			241118 1101					

Compact Mobile Food Operation Name: ______ Health Permit Number: ______

5. Indicate the specific sanitizer or 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.

Check the option you will use: □ Commercial pre-mixed solution or

□ I will prepare my own sanitizer solution

6. Indicate location for disposal of trash and refuse

Street Name:_____

Clean

Sanitize

City:

, CA Zip:_____