



# Mobile Food Facility Route Sheet

|      |  |
|------|--|
| FA # |  |
| PR#  |  |

Name of Mobile Food Facility: \_\_\_\_\_ Lic plate #: \_\_\_\_\_

Name of operator: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

How will the refrigeration be powered on the mobile unit when it is operating away from the commissary? (i.e. generator, inverter, etc.,)

Please list your current route information/location of operation in the spaces provided below:

|     | Location/Address<br>w/city and zip code: | Days of Operation:       |                          |                          |                          |                          |                          |                          | Start<br>Time: | End<br>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"/> | _____          | _____        |

**NOTE: Additional agency approval may be required for the MFF operating locations (i.e code enforcement, zoning/planning). If you are going to park your MFF at one location for longer than one hour, you must complete the Restroom Verification Form.**

Revised route information may be provided by fax: (916) 875-8513, email: [emdinfo@saccounty.net](mailto:emdinfo@saccounty.net) or US mail.

I understand and agree that if I make changes to my route or business location, I must notify the Environmental Management Department (EMD) within 30 days.

Signed: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**OFFICE USE ONLY**

Received/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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