



**Division of Environmental Health**

100 H Street - Suite 100 - Eureka, CA 95501  
 Phone: 707-445-6215 - Toll Free: 800-963-9241  
 Fax: 707-441-5699  
 envhealth@co.humboldt.ca.us

**MOBILE FOOD FACILITY (MFF) – PRE-APPLICATION CONSULTATION**

Unless plan review application, fee, and supportive documentation are submitted, a Pre-application Consultation is required prior to the Division of Environmental Health (DEH) accepting an application to operate a Mobile Food Facility (MFF). The consultation is intended to allow time for DEH Inspectors to identify and communicate any potential permitting barriers to your proposed MFF. Consultations should be scheduled as early as possible in the process and prior to purchasing any items or equipment. Be advised that consultations may also be required at the time of change of ownership or menu change.

**Instructions:**

1. Complete this form and submit with the proposed menu and required fee to DEH.
2. Attach copies of documents (e.g., floor plan, proposed route plan, menu).

An inspector will contact you to establish a date and time to meet upon receipt of this form and payment.

**PURPOSE OF CONSULTATION**

<input type="checkbox"/> I am a prospective operator/owner	<input type="checkbox"/> There is a change of ownership
<input type="checkbox"/> There has been a menu change (see attached)	<input type="checkbox"/> I am purchasing a MFF previously permitted in another County
My MFF is (check all that apply): <input type="checkbox"/> Non-motorized <input type="checkbox"/> Fully Enclosed <input type="checkbox"/> Trailered <input type="checkbox"/> Coach <input type="checkbox"/> Cart <input type="checkbox"/> Other: _____	

**Current Use:** (existing MFF Name, if applicable) \_\_\_\_\_

**Proposed Operation:** (include locations and operating hours, attach route plan if more room is needed)

\_\_\_\_\_

\_\_\_\_\_

I have attached additional information including, but not limited to: MFF floor plan, proposed route plan, menu, etc.

**REQUIRED INFORMATION**

<b>Applicant Name:</b>	<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mailing Address:</b> Street	City & Zip
<b>E-mail address:</b>	<b>Phone number:</b>

I understand that other agencies have other requirements and that this review is not an approval to construct or operate a facility.

<b>Commissary:</b> Street	City, Zip
<b>Assessor's Parcel Number</b> (if commissary is on an Onsite Wastewater Treatment System):	

<b>MFF Owner:</b>	
<b>Mailing Address:</b> Street	City & Zip
<b>E-mail Address:</b>	<b>Phone Number:</b>

I hereby grant 'right of entry' for inspection purposes

<b>Owner Signature</b>	<b>Date</b>
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**\* FOR OFFICE USE ONLY \***

<b>Fee Paid:</b> (PE 1657) <input type="checkbox"/> Cash #: _____ \$ <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Conf. #: _____	<b>Date Paid:</b>	<b>Veteran Exemption Verified by:</b>
	<b>Application #:</b>	<b>Attachments?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Completed by:</b>	<b>Signature Date:</b>
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