



Orange County Health Care Agency  
 Environmental Health Division  
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## APPLICATION FOR HEALTH PERMIT MOBILE FOOD FACILITY

**This Section To Be Completed By Applicant- Please Print – Do Not Detach Operator Copy - Health Permits Are NOT Transferable**

Name of Business (DBA):		Route#:	Phone:	
Business Address:		City:	State:	Zip:
Legal Owner of Business:			Phone:	
Owner's Address:		City:	State:	Zip:
Cell Phone:	E-Mail Address:		Fax:	
Mailing Address:		City:	State:	Zip:
Emergency Contact:		Emergency Phone:		
Commissary Name:		Commissary Phone:	Mobile Support Unit (MSU): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Commissary Address:		City:	State:	Zip:
1st Operation Location:		City:	Operation Hours:	am/pm am/pm
2 <sup>nd</sup> Operation Location:		City:	Operation Hours:	am/pm am/pm
Does this vehicle stop to conduct business at any sales location for more than one hour? ___ Yes ___ No				

<b>I Hereby Make Application For a Health Permit. I shall notify this agency in writing if I sell, transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.</b>	
Signature:	Date:
Print Name:	Title:

**For Office Use Only**

<b>SPECIALIST</b>	Permit Approved By:		Date:		
	Operational Limitation(s): _____ _____ _____				
<b>ID</b>	Driver's License/ID:		Date of Birth:	Federal Tax ID:	
	Sex:	Hair:	Eyes:	Height: Weight:	
<b>FEE</b>	Permit Number (PR):		Facility Number (FA):	Owner Number (OW):	
	HSO Receipt Number:		Program Element (PE):	Invoice Number: Account Receivable (AR):	
	Fee:	Late Fee:	Total Fee:	Date of Last Payment: Outstanding Balance:	
	Billing Period: Start Date: Expiration Date:			New MFF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Former Owner:		Former DBA:	Transfer Date:	
<b>FOOD</b>	Nature of Business (Check all applicable categories):				
	<input type="checkbox"/> (B) Baked Goods <input type="checkbox"/> (G) Produce <input type="checkbox"/> (M) Meat/Deli <input type="checkbox"/> (F) Fish/Shellfish <input type="checkbox"/> (E) Poultry/Egg <input type="checkbox"/> (D) Milk/Dairy <input type="checkbox"/> (P) Pasta/Grain <input type="checkbox"/> (L) Legumes/Beans <input type="checkbox"/> (N) Nuts <input type="checkbox"/> (S) Spice/Herb <input type="checkbox"/> (J) Canned/Jar <input type="checkbox"/> (V) Beverage <input type="checkbox"/> (C) Candy/Confectionary <input type="checkbox"/> (I) Ice Cream Soft-Serve Machine <input type="checkbox"/> (Z) Baby Food				
<b>PLAN CHECK</b>	<input type="checkbox"/> Unenclosed <input type="checkbox"/> Enclosed		Lic. Plate Number:	VIN Number: Make: DOH#:	
	SR#:	3 Comp Sink: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hand wash Sink: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Components:	
	Prepackaged: <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-PHF: <input type="checkbox"/> Yes <input type="checkbox"/> No	Produce Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Refrigeration: <input type="checkbox"/> Yes <input type="checkbox"/> No		Freezer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Warming: <input type="checkbox"/> Yes <input type="checkbox"/> No