| 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 |
|-----------|--------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

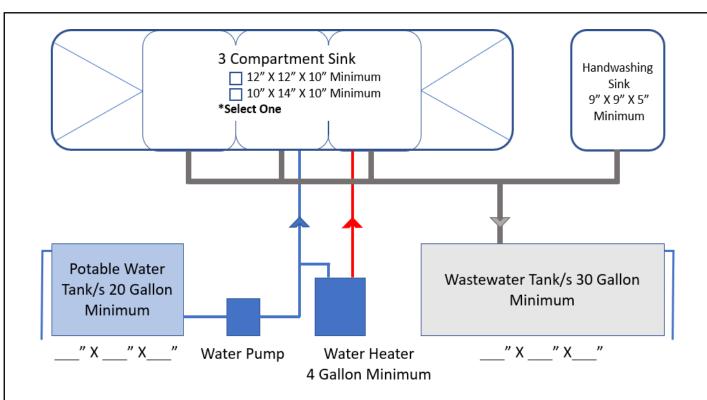
POWER/GAS PLAN

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

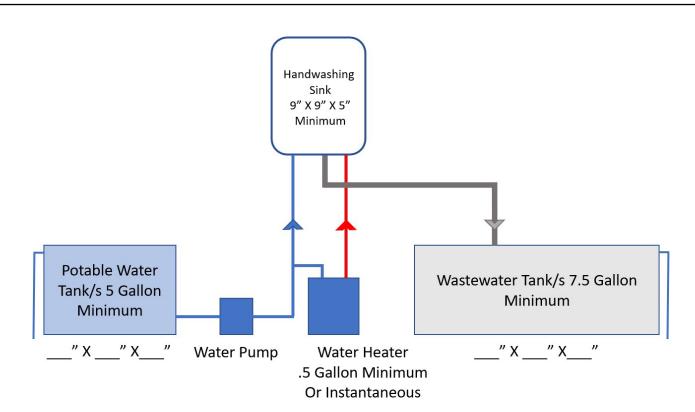


Plumbing Notes:

- 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:_____