



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH - FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261 Phone: (858) 505-6900 • (800) 253-9933 • FAX: (858) 505-6848 • www.sdcdeh.org



MOBILE FOOD FACILITY LOCATION OF OPERATION INFORMATION

Mobile Food Facility Name: _____ Health Permit #: _____

Mailing Address: _____
Street # Street Name City Zip Code

Contact Phone #: (____) _____ Contact Cell Phone #: (____) _____ Contact Email: _____

Vehicle Identification #: _____ License Plate #: _____ Website: _____ @

Commissary Name and Permit #: _____ Commissary Address: _____
Street # Street Name City Zip Code

FOR MOBILE CARTS APPROVED TO BE STATIONED AT A SINGLE OPERATING SITE (SOS): *Note: All locations must be within 200 ft. of approved toilet facilities.

Name of Location: _____ Location Address: _____
Street # Street Name City Zip Code

Days of Operation: _____ Hours of Operation: _____

MOBILE FOOD TOILET FACILITIES LETTER OF AGREEMENT: This section must be completed by the Toilet Facility Owner for all Single Operating Site (SOS) facilities and all Mobile Food Facilities whose vehicles stop at one location for longer than one (1) hour. This permission letter must be renewed annually.

The above mobile food facility has my permission to use my permanent toilet facilities, which include hot and cold water, soap, and towels or air dryer.

Name (Print): _____ Name (Signature): _____ Title: _____ Date: ____/____/____

Facility Name and Address: _____
Street # Street Name City Zip Code

Contact Phone #: (____) _____ Contact Fax #: (____) _____ Contact Email: _____ @

I understand and agree that if I make any changes to my route or business location, I must notify the Food and Housing Division (FHD) within 30 days. Revised route information may be provided by Fax: 858-505-6848, E-mail: fhdpermits@sdcounty.ca.gov, in person to 5500 Overland Avenue, San Diego, CA 92123 or by U.S. Mail to P.O. Box 129261, San Diego, CA 92112-9261, Attn: FHD Mobile Food Inspection Program. Failure to notify FHD of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Owner Name (Print)

Owner Name (Signature)

_____/_____/_____
Date