



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY  
FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

[www.sdcountyplancheck.org](http://www.sdcountyplancheck.org)

Plan Check Scheduling Line: (858) 505-6660



## Prepackaged Compact Mobile Food Operation Plan Submittal Package

A prepackaged Compact Mobile Food Operation (CMFO) means an unoccupied mobile food facility that operates from an individual or from a pushcart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized conveyance and only sells prepackaged food. All prepackaged food must be properly labeled and prepackaged to prevent any direct human contact with the food product upon distribution from the manufacturer, a food facility, or other approved source. Examples of menu items that are considered prepackaged food include but are not limited to: whole uncut produce, prepackaged non-potentially hazardous snacks (chips, candy, beverages), and prepackaged potentially hazardous food (ice cream, burritos, and tamales).

This packet can be used to draw your proposed cart operation and submit to this Department for review and approval. You may draw your own plans using this document as guidance, but all items listed in this document must be represented in your submitted plans. Plans must be reviewed and approved prior to the issuance of a health permit. Operators are required to have all plans approved prior to the construction of the cart to prevent any additional costs that would be incurred if modifications are needed should changes be noted on the plans. All items provided on the following pages are required unless otherwise noted.

- **Page 2** – Initial each box indicating that the item is completed on the plans.
- **Page 3** – Sign and date acknowledging the understanding of cart restrictions and certifying that all information provided is accurate.
- **Page 4-6** – Complete all diagram templates. Additional sheets may be provided if necessary.
- **Page 7-11** – Complete all applicable supplemental documents.
- **Page 12-13** – Examples are provided on how to properly complete all required sections.

The items highlighted in orange are requirements that must be illustrated/shown on the submitted plans. The items in blue will be checked during the initial inspection of the Compact Mobile Food Operation (CMFO). The items in grey will be checked during the final inspection and must be completed before a health permit is issued.

Once this plan submittal packet is complete, please call 858-505-6660 to schedule a review of the completed packet. After the packet has been approved, you may then schedule an inspection of the cart. All applicable fees must be paid at the time of plan submittal.

INITIAL	ITEMS TO PROVIDE IN PLAN
	Menu or list of all items being sold (ex. ice cream, soda, candy, prepackaged tamales).
	Completed <a href="#">Plan Check Application</a> .
	Each piece of equipment and the location on the Compact Mobile Food Operation.
	Make and model of all equipment (If applicable). Attach specification sheets as needed.
	Completed table listing the material of finishes of the interior, exterior, and/or storage areas of the cart. <i>(See page 12 example)</i>
	Indicate equipment power source: <input type="checkbox"/> Battery <input type="checkbox"/> Propane Tank

INITIAL	ITEMS TO PROVIDE DURING INSPECTION
	First Aid Kit.
	10 BC-rated fire extinguisher (required if electrical or gas equipment is used).
	Identification on the cart: Name of Facility, City, State, and Zip Code of the permit holder. <i>Lettering of the Facility Name: 3" high minimum</i> <i>Lettering of the City, State, and Zip Code of the permit holder: 1" high minimum</i>
	Refrigeration powered on and capable of cold holding at/below 41°F (if applicable).
	Steam table capable of hot holding at/above 135°F (if applicable).

INITIAL	SUPPLEMENTAL DOCUMENTS TO PROVIDE PRIOR TO HEALTH PERMIT BEING ISSUED
	Completed <a href="#">plan check application</a> .
	Completed <a href="#">Standard Operational Procedures for Mobile Food Facilities</a> . (See pages 9-11)
	Completed <a href="#">commissary agreement letter</a> OR <a href="#">compact mobile storage facility agreement letter</a> . NOTE: A signed copy by the commissary permit holder or storage facility owner is required at the time of inspection/permitting. (See pages 7 and 8)
	Valid photo ID

**SIGNATURE AND ACKNOWLEDGEMENT**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable once plans are reviewed. Plans are valid for one year after stamp of approval and must be restamped within 60 days of expiration or they will be purged. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environmental Health and Quality. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**SCHEDULING INFORMATION**

**APPROVAL STAMP**

Plans are approved by the Department of Environmental Health and Quality, Food and Housing Division and contingent on the final inspection.

Contact your plan check specialist or the scheduling line at (858) 505-6660 at least 10 working days in advance to schedule an inspection at the office.

Our office is located at:  
5500 Overland Ave, Suite 170, San Diego CA 92123

Hours: 8:00AM – 4:00PM (Closed for lunch from 12:00PM– 1:00PM)

Your inspection is scheduled for: \_\_\_\_\_ Time: \_\_\_\_\_

Assigned Specialist: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**LIST OF MENU/ITEMS BEING SOLD**

PREPACKAGED FOOD ITEM	WHERE WILL THIS FOOD BE PURCHASED AT?

**FINISH MATERIALS**

\*Raw wood not permitted to be used as exterior cart material  
 \*All surfaces must be smooth, nonabsorbent, and easily cleanable

LOCATION/EQUIPMENT	MATERIAL
Exterior of Cart	
Interior of Cart	
Food Storage Area	
Other:	

**POWER/GAS PLAN**

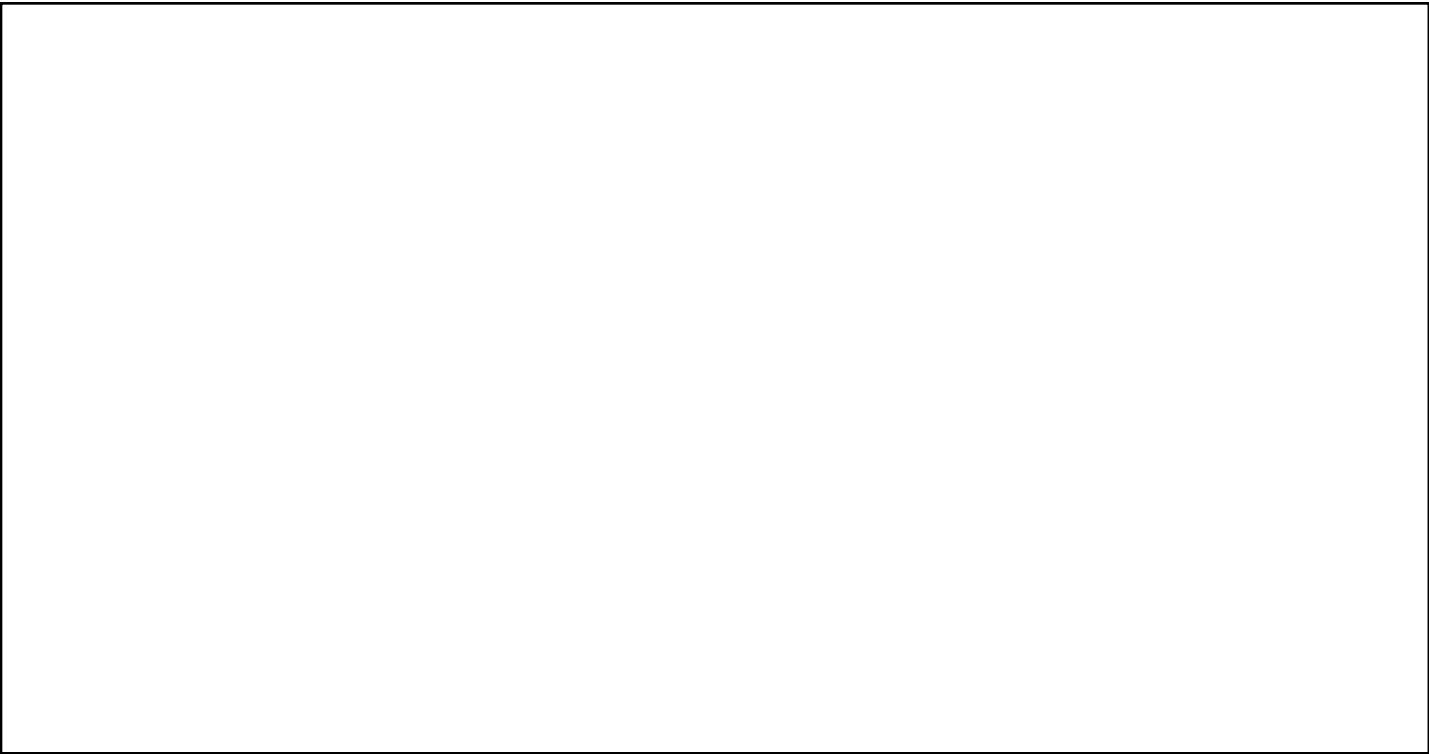
Select all applicable options and fill in the blanks for each one:

- DC Battery\* (Quantity \_\_\_\_)  
 \*Requires Inverter
- AC Battery (Quantity\_\_\_\_)
- Propane Tank (Pounds \_\_\_\_; Quantity \_\_\_\_ )

**ILLUSTRATE THE FOLLOWING ITEMS ON THE DIAGRAM ON PAGE 5 AND 6:**

- Location of battery (if applicable).
- Location of steam table and propane/gas tank (if applicable).
- Location of first aid kit.
- Location of fire extinguisher (required if heating elements or cooking equipment is present - CRFC 114323).
- Identification on the customer side of the CMFO. Identification must include the following:
  - Business Name (minimum 3-inch-high lettering).
  - Name of the Permit holder (if different from business name), City, State and Zip code of permittee address or commissary address (minimum 1-inch-high lettering).

**LEFT SIDE VIEW OF CART**



**RIGHT SIDE VIEW OF CART**



**TOP SIDE VIEW OF CART**



**FRONT VIEW OF CART**





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**COMMISSARY/HEADQUARTERS LETTER OF AGREEMENT**  
**THIS LETTER MUST BE RENEWED ANNUALLY**

*Sections 114295, 114339, and 114341 of the California Retail Food Code require that all Mobile Food Facilities and Annual Temporary Food Facilities operate in conjunction with a commissary, mobile support unit or other facility approved by the local regulatory agency.*

**I) THIS SECTION TO BE COMPLETED BY THE FOOD FACILITY OWNER**

Facility Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

Permit Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**II) THIS SECTION TO BE COMPLETED BY THE COMMISSARY/HEADQUARTERS OWNER**

The above food facility has my permission to use my health regulated business (listed below) FOR THE PURPOSES OF ESTABLISHING A COMMISSARY/ HEADQUARTERS FOR THEIR MOBILE FOOD, CATERING OR FOOD PROCESSING BUSINESS. This permission includes the use of the premises for the following: *(Check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Food Preparation          | <input type="checkbox"/> Wastewater Disposal       | <input type="checkbox"/> Vending Machine Storage   |
| <input type="checkbox"/> Food Storage              | <input type="checkbox"/> Trash Disposal            | <input type="checkbox"/> Ice Production            |
| <input type="checkbox"/> Warewashing Facilities    | <input type="checkbox"/> Vehicle/Cart Storage Area | <input type="checkbox"/> Used Cooking Oil Disposal |
| <input type="checkbox"/> Vehicle/Cart Washing Area | <input type="checkbox"/> Chemical/Supply Storage   |  |
| <input type="checkbox"/> Fresh Water Supply        | <input type="checkbox"/> Vending Machine Cleaning  |  |

**Commissary/HQ**

Facility Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

Permit Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print

E-mail address: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

**VERIFICATION OF HEADQUARTERS**

Vending Year: 20 Other Agency – Copy of Current Health Permit:  Yes  No  N/A

Verified By (initials): \_\_\_\_\_ Date of Approval: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## COMPACT MOBILE FOOD OPERATION COMPACT MOBILE STORAGE FACILITY LETTER OF AGREEMENT

### THIS LETTER MUST BE RENEWED ANNUALLY

Section 114295 of the California Retail Food Code (CRFC) requires that all Mobile Food Facilities operate in conjunction with a commissary, mobile support unit, or other facility approved by the local enforcement agency. Section 114368.3 allows for Compact Mobile Food Operations (CMFO), as defined in Section 113831, to be stored in a non-health regulated commercial facility or a private home when not in use, as long as the storage location has been evaluated and approved by the local enforcement agency (DEHQ).

*Note: Local ordinances may restrict the use of a home for the storage of a CMFO. Please contact your local city jurisdiction to ensure there is not a local ordinance in place restricting home storage prior to submitting this document.*

### I) THIS SECTION TO BE COMPLETED BY THE COMPACT MOBILE FOOD OPERATION OWNER

Business Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

Permit Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### II) THIS SECTION TO BE COMPLETED BY THE COMPACT MOBILE FOOD STORAGE FACILITY OWNER

The above permitted mobile food facility has my permission to use my private home/non-regulated commercial facility (listed below) FOR THE SOLE PURPOSE OF STORING THEIR COMPACT MOBILE FOOD OPERATION. I hereby acknowledge that, pursuant to CRFC Section 114368.3(c)(6), the local enforcement agency may access, for inspection purposes only, my private home/non-regulated commercial facility where a CMFO is stored if, on the basis of a consumer complaint, it has reason to suspect that it is being used for food preparation, food storage, or unauthorized storage of utensils or other food facility equipment in violation of the CRFC. I understand and hereby consent to any information I provide on this agreement letter to be considered a public record subject to disclosure under the California Public Records Act.

This permission includes the use of the identified area of my private home/non-health regulated commercial facility. I understand that neither I, nor the owner of the mobile food facility, may relocate the compact mobile food facility to another storage location within my private home/non-health regulated commercial facility without an additional review and written approval by the Department of Environmental Health and Quality.

Storage Facility Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

Property Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Print

E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Facility:  Private Home  Non-Health Regulated Commercial Facility

Storage Location (be specific): \_\_\_\_\_

### OFFICE USE ONLY

#### VERIFICATION OF STORAGE FACILITY

Vending Year: 20 Facility Evaluated for CMFO Storage: Yes  No  N/A

Verified By (initials): \_\_\_\_\_ Date of Approval: \_\_\_\_\_





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### STANDARD OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

Facility Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Hours of Operation:

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
<b>Start:</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
<b>End:</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

Location of Operation: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_  
Street No. Street Name

Business Owner Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

**AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES. Please note that any changes to the menu, equipment, or procedures listed on this form require prior approval by the Food and Housing Division (FHD) of the Department of Environmental Health and Quality.**

#### MENU DESCRIPTION (use additional sheet on page 3, if necessary)

Write below a complete list of food and beverages that will be offered on the mobile food facility menu			Where was this food purchased?	Where will the food be prepared?	
FOOD ITEM	UNPACKAGED FOOD	PREPACKAGED FOOD		COMMISSARY	ON SITE

1. Indicate the location where you will store food at the end of the day.

Food Stored at: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_  
Street No. Street Name

2. Indicate the location where you will store the food facility (MFF) unit at the end of the day.

MFF Stored at: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_  
Street No. Street Name

3. Describe the procedure you will use to fill the MFF potable water tank and the location where it will be filled:

\_\_\_\_\_

4. Describe the procedure you will use to empty the MFF waste water tank and the location where it will be emptied:

\_\_\_\_\_

## STANDARD OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

5. Describe the procedures you will use to clean and sanitize the potable water and waste tanks.

Tank	Cleaning Method	Sanitizing Method	How often?
Potable Water			
Waste Water			

6. Name of business providing restroom facility during hours of operation: \_\_\_\_\_

**Business location:** \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_  
Street No.      Street Name

7. List equipment and utensils that will be used on the mobile food facility. Please be specific on equipment's use and function. For example: **Equipment:** Blender **Intended use:** Make Smoothies

Equipment	Intended use in mobile food facility

8. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment and utensils during working hours and at the commissary.

	During working hours	At the Commissary
<b>Clean</b>		
<b>Sanitize</b>		

9. 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

**10. Acknowledgment**

I understand and agree that if I make changes to my operating procedures, I must notify the Food and Housing Division (FHD) within 7 days. Revised operating procedures may be provided by Fax: (858) 999-8920, E-mail: [fhdpemits@sdcounty.ca.gov](mailto:fhdpemits@sdcounty.ca.gov), in person at 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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

REVIEWER OF OPERATIONAL PROCEDURES: \_\_\_\_\_, REHS

DATE APPROVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HEALTH PERMIT TYPE/NUMBER: \_\_\_\_\_



**EXAMPLE PLAN**  
**LIST OF MENU/ITEMS BEING SOLD**

PREPACKAGED FOOD ITEM	WHERE WILL THIS FOOD BE PURCHASED AT?
Ice Cream	Commissary and Costco

**FINISH MATERIALS**

\*Raw wood not permitted to be used as exterior cart material  
\*All surfaces must be smooth, nonabsorbent, and easily cleanable

LOCATION/EQUIPMENT	MATERIAL
Exterior of Cart	Fiberglass
Interior of Cart	Stainless Steel
Food Storage Area	Stainless Steel
Other:	N/A

**POWER/GAS PLAN**

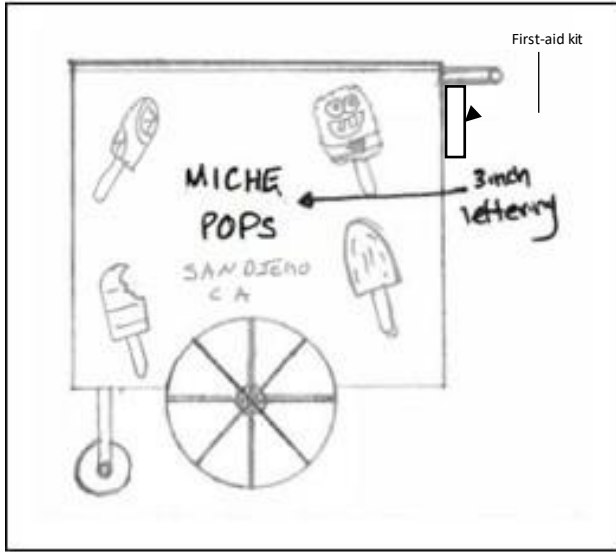
Select all applicable options and fill in the blanks for each one:

- DC Battery\* (Quantity \_\_\_\_)  
*\*Requires Inverter*
- AC Battery (Quantity\_\_\_\_)
- Propane Tank (Pounds \_\_\_\_; Quantity \_\_\_\_)

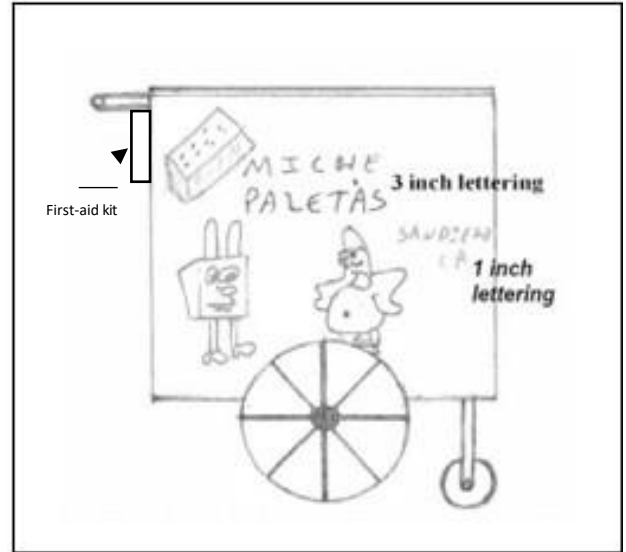
**ILLUSTRATE THE FOLLOWING ITEMS ON THE DIAGRAM ON PAGE 5 AND 6:**

- Location of battery (if applicable)
- Location of steam table and propane/gas tank (if applicable)
- Location of first aid kit.
- Location of fire extinguisher (Required if heating elements or cooking equipment is present - CRFC 114323).
- Identification on the customer side of the CMFO. Identification must include the following:
- Business Name (minimum 3-inch-high lettering)
  - Name of the Permit holder (if different from business name), City, State and Zip code of permittee address or commissary address (minimum 1-inch-high lettering).

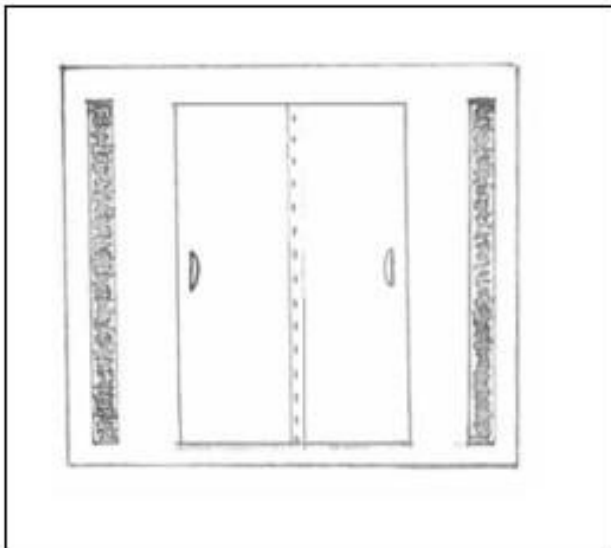
LEFT SIDE



RIGHT SIDE



TOP SIDE



FRONT

