

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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PLAN CHECK APPLICATION FOR MOBILE FOOD FACILITY/COMPACT MOBILE FOOD OPERATIONS

CONSULTATION
NEW CONSTRUCTION
REMODEL

CLASSIFICATION OF MOBILE FOOD FACILITY:

BUSINESS AND OWNER INFORMATION

UNENCLOSED MOBILE FOOD FACILITY - PREPACKAGED , NON-POTENTIALLY HAZARDOUS FOODS (> 25 SQFT)

(EXAMPLES: WHOLE UNCUT PRODUCE, PREPACKAGED BAKED GOODS, CHIPS, AND CANNED SODAS)

UNENCLOSED MOBILE FOOD FACILITY - **PREPACKAGED POTENTIALLY HAZARDOUS FOODS**

(EXAMPLES: PREPACKAGED SANDWICHES, TAMALES, BURRITOS, DAIRY)

UNENCLOSED MOBILE FOOD FACILITY - NON-PREPACKAGED, NON-POTENTIALLY HAZARDOUS FOODS

(EXAMPLES: NON-PREPACKAGED CHURROS, CORN ROASTING, SHAVED ICE)

UNENCLOSED MOBILE FOOD FACILITY - NON-PREPACKAGED POTENTIALLY HAZARDOUS FOODS (RAW)

(EXAMPLES: HOT DOGS, RAW MEATS, POULTRY, FISH)

ENCLOSED MOBILE FOOD FACILITY - NON-PREPACKAGED POTENTIALLY HAZARDOUS FOODS WITH FULL FOOD PREPARATION

*CONSTRUCTION MAY NOT BEGIN UNTIL PLANS ARE APPROVED IN WRITING BY THIS DEPARTMENT
*HEALTH DEPARTMENT APPROVAL EXPIRES IN ONE YEAR IF CONSTRUCTION HAS NOT BEGUN BY THAT TIME

NAME (DBA)				
PRIOR BUSINESS NAME (IF APPLICABLE)				
OWNER NAME(S)				
MAILING ADDRESSADDRESS		ST	ZIP	
EMAIL ADDRESS				
TELEPHONE NUMBER				
CONTRACTOR/ MANUFACTURER INFORMATION	ON			
NAME				
MAILING ADDRESS	any	ST	ZIP	
EMAIL ADDRESS				
TELEPHONE NUMBER				

FOR OFFICE USE ONLY						
DATE RECEIVED	RECEIVED BY	ASSIGNED TO	ENTERED BY	ENTERED DATE_		
PE#	CONSULTATION AMOUNT DUE	AMOUNT PAID_	CHECK OR CC AUTH #		CASH	
NONPROFIT: 1	TAX ID #		VETERAN EXEMPT	DD214 ATTACHED	YES	NO
PR#	SR#	FA#	IN	IVOICE NUMBER		
INSPECTOR APPROVED			DATE			