

DEPARTMENT OF ENVIRONMENTAL HEALTH CONSUMER PROTECTION DIVISION 1555 Berger Dr. Ste 300, • San José CA 95112

MFF Line: (408) 918-1908 • Main Line (408) 918-3400 Website: www.ehinfo.org/cpd • Email: dehmff@deh.sccgov.org

MOBILE FOOD FACILITY (MFF) ROUTE/LOCATION SHEET

| MFF Name: | Name: License Plate#: | | | | | | | | | | | |
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| Route(s) or Address(es) of th | e Location(s) and City or Cit | | | • | of Oper | | | | | Start Time | End Time | |
| 1 | | M | T | W | TH | F | Sat | Sun | | | | |
| 2 | | M | T | W | TH | F | Sat | Sun | | | | |
| 3. | | M | T | W | TH | F | Sat | Sun | | | | |
| 4 | | M | T | W | TH | F | Sat | Sun | | | | |
| | | M | T | W | TH | F | Sat | Sun | | | | |
| 6 | | M | T | W | TH | F | Sat | Sun | | | | |
| 7 | | M | T 🖂 | W | TH | F | | Sun | | | | |
| your vehicle while in | nent of Environmenta n operation if we car rson in charge. <u>Plea</u> | not find | d the | vehicl | e usin | g the | abov | | | | | |
| Mobile #: | A | Alt Mobile #: | | | | | Alt Mobile #: | | | | | |
| handwashing facility | n one hour at any of y is within 200 feet tr nsure there are enou | avel dis | stance | e of m | y mol | oile fo | od fac | cility. Fo | or Cor | | | |
| person or e-mail. I f | gree that if I make ar urther understand the ealth Permit to Opera | at failui | re to r | notify | DEH (| of any | | | | | | |
| | | | | | | | | | | | | |
| Owner/Operator/Authorized Agent Signature Print Nam | | | | | | | | | | Date | | |
| FOR OFFICE USE OF | NLY | | | | | | | | | | | |
| SR0 | FA0 | | Р | R0 | | | | | | | | |