



MOBILE FOOD FACILITY (MFF) ROUTE/LOCATION SHEET

MFF Name: _____

License Plate#: _____

List operation schedule in Santa Clara County:

Route(s) or Address(es) of the Location(s) and City or Cities	Days of Operation							Start Time	End Time
	M	T	W	TH	F	Sat	Sun		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

In addition, the operating location is also posted online and/or on social media

Website/Handle: _____

Note: The Department of Environmental Health (DEH) must be able to contact you in order to inspect your vehicle while in operation if we cannot find the vehicle using the above information. List telephone numbers for the person in charge. **Please ensure we can reach you.**

Mobile #: _____ Alt Mobile #: _____ Alt Mobile #: _____

If parked longer than one hour at any of the above locations, I will ensure a readily available toilet and handwashing facility is within 200 feet travel distance of my mobile food facility. For Compact Mobile Food Operations, I will ensure there are enough employees to alternate restroom usage.

I understand and agree that if I make any changes to my route or business location, I must notify DEH via in person or e-mail. I further understand that failure to notify DEH of any changes may result in the suspension or revocation of my Health Permit to Operate as a Mobile Food Facility.

Owner/Operator/Authorized Agent Signature

Print Name

Date

FOR OFFICE USE ONLY		
SR0	FA0	PR0