



MOBILE FOOD FACILITY (MFF) STORAGE AGREEMENT

MFF Name: _____ **License Plate #:** _____

MFF Type: Occupied Truck/Trailer Unoccupied Trailer Cart Mobile Support Unit

STORAGE FACILITY TYPE: Commercial Facility Private Home (CMFOs only)

Facility Name _____ Facility Business Hours _____

Facility Address _____ City, State, Zip Code _____

Telephone Number _____ Email Address _____

I, _____, hereby certify that, _____,
 Facility Owner/Operator Mobile Food Facility Owner/Operator

doing business as _____, with vehicle license plate _____, has
 Mobile Food Facility Business Name License Plate #

unrestricted access to store the MFF vehicle indoors/outdoors (circle one) in the _____ at the above-mentioned address at any time. The MFF will be stored in a room/location

manner that protects the MFF operation from contamination. I understand that approval of this agreement by the department does not supersede local zoning requirements.

If the contract has been terminated or the mobile food facility fails to utilize the storage facilities as stated above, I will provide written notification to the County of Santa Clara, Department of Environmental Health, Consumer Protection Division.

 Signature (Storage Owner/Operator)

 Title

 Print Name (Storage Owner/Operator)

 Date

MOBILE FOOD FACILITY:

If the use of the storage facility is discontinued, I will notify DEH at (408)918-1908 or email dehmff@deh.sccgov.org to make the necessary changes. I understand the use of an unapproved facility for storage may lead to revocation of my permit to operate.

 Signature (Mobile Food Facility Owner/Operator)

 Title

 Print Name (Mobile Food Facility Owner/Operator)

 Date

FOR OFFICE USE ONLY		
Sr. Staff Initials:	Emp #	Date:
SRO	FAO	PRO