



Mobile Food Facility Route Sheet

Mobile Food Facility Business Name: _____

Business Operator Name: _____

Lic plate #: _____

Cell Phone#: _____

FA #	_____
PR#	_____

How will the refrigeration be powered on the mobile unit when it is operating away from the commissary? (i.e. generator, inverter, etc.,)

Please list your current route information/location of business operation in the spaces provided below

Location/Address w/city and zip code:	Days of Operation:							Start Time:	End Time:	Restroom Verification form submitted?
	Mon	Tue	Wed	Thu	Fri	Sat	Sun			
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> NA

NOTE: Additional agency approval may be required for the MFF operating locations (i.e code enforcement, zoning/planning).

If you are going to park your MFF at one location for longer than one hour, you must complete and submit the Restroom Verification Form per location along with this form.

Revised route information may be provided by fax: (559) 687-6941 or US mail.

I understand and agree that if I make changes to my route or business location, I must notify the Environmental Health Agency within 30 days.

Signed Title/Position: _____

Date: _____

E-mail: _____

Website: _____

OFFICE USE ONLY

Received/Reviewed by: _____

Date: _____

Environmental Health Services

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