



El Dorado County Environmental Management Department
Procedures for Obtaining Mobile Vending Permits in South Lake Tahoe, CA

1. Check with City Planning and Zoning to make sure you know where you can take your cart. If you plan to do mobile vending on public streets, you do not need to contact Planning. If you want to have a cart in front of a business, on the beach or on private property, then you do need to contact planning.
 - 530-542-6020
2. Submit a "Service Request Form" with plans to El Dorado County Environmental Management – include all items listed on the Mobile Food Facility Plan Review Checklist. Include your menu. Your cart must be approved, so do not purchase one until your plan is approved.
 - 530-573-3453
http://www.edcgov.us/emd/envhealth/mobile_food_facility.html
 - Larger operations that involve cooking require plan review by the State of California. Contact California Department of Housing and Community Development, phone 916-255-2501
3. A health permit is required and is good for the City and County locations. Fill out the Application for Health Permit Form. Pay required fees. You will have a plan review fee and a permit fee. The cart must be inspected before it is allowed to operate.
4. Obtain a City and/or County business license. If you operate only in the City, you would only need a City business license.
 - City: 530-542-6012
<http://www.cityofslt.us/finance/license.html>
 - County: 530-573-7955 x5800
<http://www.edcgov.us/taxcollector/business.html>
5. Get approval for a Mobile Vending permit with the City Police Department. You must be fingerprinted. If you have already been previously fingerprinted, you must still go through the process again.
 - Contact Police Department, 530-542-6136

ATTACHMENTS:

Service Request Form
Health Permit Application
Mobile Food Facility Plan Review Checklist
Cal Code sections for Mobile Food Facilities
Verification of Commissary Form

Dated: March 31, 2010

El Dorado County
Environmental Management Department

Main Office:
2850 Fair Lane Court
Placerville, CA 95667
(530) 621-5300

South Lake Tahoe Office:
3368 Lake Tahoe Blvd., Ste #303
South LakeTahoe, CA 96150
(530) 573-3450

MOBILE FOOD FACILITY PLAN REVIEW CHECKLIST

To make the mobile plan review process as easy as possible, complete the check list to assure you have all the necessary information required for plan review. Put your plans together in the following order. Check off each item when the information is put in the packet.

1. Cover Page:

- Name of mobile food service.
- Address where the mobile unit will be located.
- The contact person's name, address and phone number.

2. Itemized Menu:

- List all the food you will be serving, including condiments, iced beverages and the source of all food.

3. A plan view of the mobile vehicle:

- Dimensions.
- Layout of all equipment and supplies, include sinks, hand soap and paper towels, cooking equipment, refrigeration equipment, etc.

4. An operator's side view of the cart or elevation of vehicle:

- Dimensions.
- Layout of all equipment.
- Cold holding equipment, make and model of refrigerator in most cases mechanical refrigeration is required.
- Finishes on surfaces.
- Signage showing name, address, telephone number, owner /operator shall be clearly and permanently indicated on both exterior sides w/ 3" high letters for name and 1" letters for address and phone number in contrasting color.

5. Front View:

- Dimensions.
- Indicate overhead protection.

6. A drawing of the water system:

- Specification sheet on the hot water heater.
- Size and material of the fresh water and waste water tanks. Fresh water tanks must be a minimum capacity of 5 gal and waste tanks must be at least 50% larger than the fresh water container or 7.5 gal capacity (minimum.)
- Type of pump.

- Tubing material must be drinking water approved.
- Waste connection must be tight fit with quick disconnect or tight plumbed.
- General idea of how water system fits on mobile unit.

7. Commissary Details:

- Letter from owner of the commissary you are using. Letter must indicate you have access to dishwashing, refrigeration and storage. Mobile food facilities shall be cleaned and serviced at least once daily during an operating day.
- Provide commissary permit information.
- Location of commissary from operating site.

8. Restroom availability letter:

- Letter/ lease giving permission for mobile operator use of restrooms. Restrooms must be located within 200 feet of your location.

9. Site Map:

- Location of the mobile food service operation.
- For single locations include: location of commissary and restroom facility.
- For routes include: details of all stops and time at each stop if applicable.

10. Operating procedures:

- Hours of operation.
- Location of operation (temporary event, other location or route)
- Time (expected times of the day/night) at commissary.
- How and where water tanks will be filled.
- How and where water tanks will be emptied.
- Cleaning during the day.
- Cleaning at the commissary.
- Cleaning of the mobile unit.
- Details of any food preparation.

11. Approvals:

- City/County Business license.
- City/County Planning department.
- For mobile coaches: Department of Housing and Community Development approval.

12. Conclude with: NO CHANGES SHALL BE MADE WITHOUT HEALTH DEPARTMENT APPROVAL

Please refer to the California Retail Food Code sections on Mobile Food Facilities for a more complete description of the requirements.

El Dorado County Environmental Management Department

2850 Fairlane Ct, Bldg. C, Placerville, CA 95667
(530) 621-5200 / Fax: (530) 642-1531

3368 Lake Tahoe Blvd, Suite 303, South Lake Tahoe, CA 96150
(530) 573-3450 / Fax: (530) 542-3364

MOBILE FOOD FACILITY PERMIT APPLICATION

 New Vehicle Change of Owner Other

Date of Opening: _____

Type of Business: _____

Name of Business: _____

Physical Location: _____

Mailing Address (if different) _____

Telephone: _____ FAX: _____

E-Mail: _____

Owner(s) of Business: _____

Vehicle License Number: _____

Vehicle route schedule: _____

I understand that I am responsible for ensuring compliance with the California Retail Food Code:

Applicant Signature

Date

Print Name: _____

Health Permit Fee: _____ /Paid _____ Envision #: _____

Submit Plans for New Vehicles where food prep activities take place

Contact Person: _____

Title: _____

Telephone: _____

Business License #: _____

Plan review fee: _____ /Paid _____

Approved for health permit? _____

Plans approved by: _____ /Date _____



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FOOD FACILITY ANNUAL PERMIT APPLICATION

NEW FACILITY CHANGE OF OWNERSHIP EXISTING FACILITY - REMODEL OTHER _____

DATE OF OPENING: _____

TYPE OF FACILITY: (restaurant, bar, winery, etc.) _____

NAME OF FACILITY: _____

PHYSICAL ADDRESS OF FACILITY : _____

FACILITY MAILING ADDRESS (if different than physical address) _____

FACILITY TELEPHONE NUMBER: _____ FAX NUMBER: _____

SQUARE FOOTAGE: _____ WATER SUPPLY: _____ SEWAGE DISPOSAL: _____

WHERE WOULD YOU LIKE ALL CORRESPONDENCE TO BE MAILED FOR THE FACILITY?: FACILITY MAILING ADDRESS OWNER MAILING ADDRESS

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: (do not list facility address) _____

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

OWNER'S EMAIL: _____ OWNER'S PHONE NUMBER: _____

NAME OF FOOD MANAGER: _____ FOOD CERTIFICATION: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE CALIFORNIA RETAIL FOOD CODE:

APPLICANT'S SIGNATURE

DATE

DRIVERS LICENSE NUMBER

TAX ID

FOR OFFICE USE ONLY BELOW THIS LINE

FACILITY # _____ INVOICE # _____ DATE REC'D _____

R.E.H.S. _____ ASSESSOR'S PARCEL NUMBER: _____

BUSINESS LICENSE VERIFIED



WRITTEN OPERATIONAL PROCEDURES

OWNER NAME (PRINT AND SIGN):

MOBILE FOOD FACILITY DBA:

LOCATION OF OPERATION:

DAYS AND HOURS OF OPERATION:

DATE OF SUBMITTAL:

The enforcement agency shall review and approve the operating procedures prior to implementation and an approved copy shall be kept on the mobile support unit during period of operation. The following must be completed and returned to this office for approval before a permit is issued. **Any change to this form, the menu or the equipment will require prior approval by this Department.** Use additional paper if necessary.

1. List of all foods you will be serving. Include hot and cold (iced) beverages, condiments (and how they will be dispensed), pre-packaged foods and unpackaged foods. As stated above, all menu changes must be pre-approved by this Department.
2. Where will each of these foods be purchased and prepared?
3. Describe the method of preparation of all foods you will be serving.
4. How and where will the fresh water tanks be filled?

5. How and where will the wastewater tanks (and steam table, if applicable) be emptied?
6. Where will restrooms be available for use during your hours of operation?

FOOD CONTACT AND UTENSIL CLEANING & SANITIZING PROCEDURE

NOTE: All equipment used on the mobile food facility must be washed, rinsed and sanitized (or replaced) at least every four hours of operation.

1. List **ALL** equipment and utensils that will be used on the mobile food facility. All equipment and utensils are subject to approval by this Department. Please be specific. (Examples: Condiment dispensers – indicate type: pump, squeeze bottle, etc...)
2. How will you be cleaning and sanitizing the food contact surfaces and utensils during operating hours, at the operating location?
3. How will you be cleaning and sanitizing utensils and equipment at the commissary?
4. What specific sanitizer and/or sanitizing method will you use? Indicate if you will be using a commercial pre-mixed solution or if you will be preparing your own sanitizer solution. Approved sanitizers must contain one of the following chemicals at the specified concentrations. Check to the sanitizer you will use:
 - Chlorine at 100 parts per million (ppm). Must contact items for at least 30 seconds
 - Quaternary Ammonium at 200 ppm. Must contact items for at least one minute
 - Iodine at 25 ppm. Must contact items for at least one minute

Approved By: _____

Date: _____

**APPLICATION FOR OWNER'S PERMIT
TO CONDUCT A MOBILE VENDING BUSINESS IN THE
CITY OF SOUTH LAKE TAHOE
(NEW)**

1. APPLICANT INFORMATION.

a. Name Of Business _____

b. Business Physical Address _____

c. Business Mailing Address _____

d. Business Telephone Number _____

e. Applicant's Name (If An Individual) _____

f. Applicant's Physical Address _____

g. Applicant's Mailing Address _____

h. Applicant's Telephone Number _____

i. Should the Applicant be a corporation list on a separate sheet:

- (1) Corporation's Name
- (2) Date and Place of Incorporation
- (3) Address of Its Principal Office
- (4) Names and Addresses of Principal Officers

j. Should the Applicant be a Partnership, Association or other unincorporated entity, list on a separate sheet:

- (1) Names and Addresses of Persons comprising the association or company with Place of Business and Residence of each

2. PAST EXPERIENCE. List on a separate sheet the past experience of the applicant and responsible parties in the service proposed which would qualify them for such service. Information will include name and address of each person as well as past experience. Also include on this portion whether a license, permit or certificate issued to applicant of any person listed, or a transportation business in which the applicant was a partner, director or officer has been revoked, canceled or suspended by any public organization, and the circumstances thereof.

3. STATEMENT SUPPORTING PUBLIC CONVENIENCE AND NECESSITY. On a separate sheet list those facts the applicant believes tend to prove or support the granting of a permit.

6. VEHICLE SAFETY STATEMENT. Attach as a separate sheet for each vehicle a statement that the vehicle is in a safe operating condition evidenced by an inspection performed by a mechanic licensed by the state of California.
7. EVIDENCE OF OWNERSHIP. Attach a copy of the registration document for each vehicle listing the applicant as the registered owner.
8. EVIDENCE OF INSURANCE. Attach a copy of the certificate of insurance in compliance with Sections 28-5 and 28-7, of the South Lake Tahoe City Code.
9. VEHICLE INSURANCE IDENTIFICATION CARDS. Attach photocopies of each vehicle insurance identification card.
10. DRIVERS LIST. List drivers to be employed :

NAME	BIRTH DATE	DRIVER'S LIC # & STATE	SLTPD TAXI LIC #
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

11. EVIDENCE OF CITY BUSINESS LICENSE. Attached a copy of your Business License obtained from the City of South Lake Tahoe.
12. Mobile Vending operations will be conducted on public streets and roadways within the City of South Lake Tahoe. Mobile Vending operations will not be conducted on private property, ie parking lots

13. CRIMINAL HISTORY INFORMATION/AUTHORIZATION.

Have you ever been convicted of a felony? ___ YES ___ NO

If YES, explain: _____

Have you ever been convicted of a misdemeanor? ___ YES ___ NO

If YES, explain: _____

AUTHORIZATION FOR CRIMINAL HISTORY SEARCH:

I HEREBY AUTHORIZE THE SOUTH LAKE TAHOE POLICE DEPARTMENT TO INQUIRE AS TO ANY CRIMINAL RECORD OR DRIVING RECORD PERTAINING TO MYSELF. I FURTHER DO HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION, TO INCLUDE ALL ATTACHMENT IS TRUE AND CORRECT.

APPLICANT SIGNATURE

DATE

TYPE/PRINT NAME

DATE OF BIRTH ___/___/___
DAY/MO/YEAR

**APPLICATION CHECKLIST
FRANCHISE CERTIFICATE
CITY OF SOUTH LAKE TAHOE
POLICE DEPARTMENT**

NOTE: EXCLUSION OF ANY REQUIRED DOCUMENT MAY CAUSE THIS APPLICATION TO BE RETURNED, DELAYED OR DENIED.

- | | |
|--|-----|
| 1. Application | () |
| 2. Application Fee (\$130) | () |
| 3. Verified Financial Statement | () |
| 4. Letter of Qualification and Experience | () |
| 5. Vehicle List and Description | () |
| 6. Example and Explanation of Color Scheme | () |
| 7. Physical Location and Proof of Compliance | () |
| 8. Vehicle Safety Statement | () |
| 9. Proof of Vehicle Registration | () |
| 10. Statement of Operational Methods | () |
| 11. Insurance Certificates | () |
| 12. Copies of Individual Vehicle Insurance Identification Cards | () |
| 13. Proposed Drug Screening Program | () |
| 14. Statement Supporting Public Convenience and Necessity
(New Applicants Only) | () |
| 15. Notarized Information Verification Statement | () |
| 16. SLT City Business License | () |

DEPARTMRNT USE ONLY

DATE RECEIVED _____

NO. OF VEHICLES _____

____ APPROVED ____ DISAPPROVED

FRANCHISE NUMBER _____

BY _____

DATE _____