



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Plan Check Application for Mobile Food Facility (MFF)

Business Name (DBA):		MFF Operating Address:	
Registered Owner(s)/Corporation:			
Business Phone:		Emergency Contact: (List name and Phone number)	
Owner Address:			
Owner Email:		Owner Primary Phone:	
Driver's License Number:	License Plate Number:	HCD Insignia #:	
Vehicle ID Number (VIN):		Vehicle Make & Year:	
Vehicle is located in:			
<input type="checkbox"/> Public right of Way (sidewalk, street, alley, etc.) <input type="checkbox"/> Private (private parking lot, Rec & Park, SF Port Authority properties)			

Classification of MFF: (Please check the fees from current Fee Schedule)
<input type="checkbox"/> MFF 1: Unenclosed MFF with prepackaged, non-potentially hazardous foods. Examples include carts selling prepackaged pastries, chips, candies, canned sodas, donuts.
<input type="checkbox"/> MFF 2: Unenclosed MFF with prepackaged, potentially hazardous foods. Examples include carts selling prepackaged sandwiches, pasta, cold noodles, etc.
<input type="checkbox"/> MFF 3: Unenclosed MFF with non-prepackaged, non-potentially hazardous foods. Examples include carts selling non-prepackaged churros, salted bagels, cotton candy, shaving of ice, etc.
<input type="checkbox"/> MFF 4: Unenclosed MFF with non-prepackaged potentially hazardous foods with limited food preparation. Examples include hot dog/tamales carts, coffee, etc.
<input type="checkbox"/> MFF 5: Enclosed MFF with non-prepackaged potentially hazardous foods, with full food prepping/cooking. Examples include taco trucks, burrito, falafel, crepes, curry trucks.
I understand plans must be approved prior to purchase of any vehicle or before construction /installation of any equipment/appliances. I understand further, that approved plans are valid only for 8 months from the date of approval, unless work has begun, and that it is a misdemeanor to begin operation without a final inspection approval and a valid health permit.

Print Name	Signature	Date

FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY		
Plan Check Fee Received	Date Received	Receipt #
Plans Reviewed by (print)	Signature	Approval Date