



## Contra Costa Environmental Health Mobile Food Facility Health Permit – Annual Permit Renewal Checklist

Submit this checklist to Environmental Health via the US Mail, in person, or by attaching a signed copy to an email addressed to [RetailFood@cchealth.org](mailto:RetailFood@cchealth.org). Be sure to include **Forms A & B** as well as any updated information by submitting the appropriate other forms indicated below OR mark “No changes” if any of this information is unchanged from documents currently on file with Environmental Health.

Additionally, you will need to pay your annual permit fee either in person, by telephone at (925) 608-5500, or online via <https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx> prior to scheduling an inspection appointment.

**A. Ownership / Applicant Info (Form A)**

- This form is required for renewal.  
Form A submitted with checklist.

**B. Commissary Agreement (Form B)**

- This form is required for renewal.  
Form B submitted with checklist.

**C. Operating Schedule (Form C)**

- No changes.
- Changes made. Include Form C.

**D. Operating Information (Form D)**

- No changes.
- Changes made. Include Form D.

**E. Restroom Agreement (Form E)**

- No changes.
- Changes made. Include Form E.

**F. Electrical Connection Agreement (Form F)**

- No changes.
- Changes made. Include Form F.

**G. Food Facility Storage (Form G)**

- No changes.
- Changes made. Include Form G.

**H. Planned Non-Operation**

- I do not intend to operate a MFF in calendar year 2022.

Pursuant to the California Health and Safety Code Sections 113715, 114381(a), and 114387, and Contra Costa County Ordinance Sections 413-3.602 and 413-3.604, a valid health permit is required to operate a mobile food facility. Operating without a valid Health Permit, is subject to penalty charges of three times the permit fee and/or closure of your mobile food facility, in addition to other enforcement actions.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
PR Number



Contra Costa 环境卫生局  
流动食品设施卫生许可证——年度许可证更新检查表

将此检查表提交至环境卫生局，方法是通过美国邮政邮寄，本人现场提交，或将签名的副本附在电子邮件上发送至 [RetailFood@cchealth.org](mailto:RetailFood@cchealth.org)。请务必包括表 A 和表 B，并通过提交下面所示的其他适当表格包括任何更新的信息，或者，如果与环境卫生局现在存档的文件相比，这些信息没有变化，请标记“无更改”。

此外，在安排检查预约之前，您需要本人当面、致电 (925) 608-5500 或访问 <https://hsdmobile.cchealth.org/PaymentAuthorizationEx/Welcome.aspx> 在线缴纳年度许可证费用。

**A. 所有权/申请人信息 (表 A)**

- 更新时需要此表格。表 A 与检查表一起提交。

**B. 小卖部协议 (表 B)**

- 更新时需要此表格。表 B 与检查表一起提交。

**C. 经营时间表 (表 C)**

- 无更改。  
 有更改。包括表 C。

**D. 经营信息 (表 D)**

- 无更改。  
 有更改。包括表 D。

**E. 卫生间协议 (表 E)**

- 无更改。  
 有更改。包括表 E。

**F. 电气连接协议 (表 F)**

- 无更改。  
 有更改。包括表 F。

**G. 食品设施储藏 (表 G)**

- 无更改。  
 有更改。包括表 G。

**H. 计划的不停业**

- 我不打算在 2022 日历年经营流动食品设施。

根据《加利福尼亚州健康与安全法》第 113715、114381(a) 和 114387 条以及《Contra Costa 县条例》第 413-3.602 和 413-3.604 条规定，经营流动食品设施需要有效的卫生许可证。除了其他执法行动外，无有效健康许可证经营将面临许可证费用三倍的罚款和/或关闭流动食品设施。

经营者签名

日期

业务名称

采购单编号

