

County of San Diego  
Department of Environmental Health  
P.O. Box 129261  
San Diego, CA 92112-9261  
(858) 505-6900

**MOBILE FOOD FACILITY LOCATION OF OPERATION STATEMENT**

This section must be completed by the Mobile Food Vendor and renewed annually

Permit Name: \_\_\_\_\_

Permit Owner: \_\_\_\_\_

Permit Mailing Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Permit #: FB \_\_\_\_\_ - \_\_\_\_\_

I have read the regulations that govern mobile food facility operations in San Diego and, therefore, am submitting a location at which I will operate my business:

Location: \_\_\_\_\_

Days of Operation:

\_\_\_\_\_

Hours of Operation:

\_\_\_\_\_

All locations must be within 200 ft. of approved toilet facilities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Vending Yr: \_\_\_\_\_ Verified by (initials): \_\_\_\_\_

**Field Check of Proposed Location**

Specialist: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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**DECLARACION DE LA UBICACION PARA LA UNIDAD MOBIL**

Esta sección es para el dueño del permiso solamente.

Nombre del permiso: \_\_\_\_\_

Nombre del dueño: \_\_\_\_\_

Dirección para la correspondencia: \_\_\_\_\_

Teléfono #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

# de permiso: FB \_\_\_\_\_ - \_\_\_\_\_

Yo he leído las leyes que gobiernan la unidad móvil en San Diego y entrego mi declaración indicando donde voy a operar mi negocio:

Lugar: \_\_\_\_\_

\_\_\_\_\_

Días de trabajo:

\_\_\_\_\_

Horas de trabajo:

\_\_\_\_\_

Todas las unidades móviles deben estar a 200 pies cuadrados de sanitarios aprobados.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

**OFFICE USE ONLY - PARA USO DE OFICINA**

Vending Yr: \_\_\_\_\_

Verified by (initials): \_\_\_\_\_

**Field Check of Proposed Location**

Specialist: \_\_\_\_\_

Date Approved: \_\_\_\_\_