

# APPLICATION FOR REVOCABLE MOBILE FOOD FACILITY PERMIT



BSM PERMIT # \_\_\_\_\_

## BUSINESS INFORMATION

Business / DBA Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*(if applicant is a corporation, list names and addresses of each officer, director and each stockholder owning more than 10% of stock of the corporation on a separate attachment.)*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SF Business Certificate: \_\_\_\_\_ Driver's License: \_\_\_\_\_

## FACILITY INFORMATION

Type of Facility:  Push Cart  Truck  Truck/Trailer

Proposed Menu:

## PROPOSED LOCATION(S) & OPERATION INFORMATION

Location description shall include address and physical description (e.g. north side of 'A' Street, 100 feet east of 'B' Avenue). Provide a separate site plan and photo(s) for each location(s). See 'Mobile Food Facility Sample Drawing.'

**Location 1 :** \_\_\_\_\_

Days of Operation: M  T  W  TH  F  S  SU

Hours: \_\_\_\_\_ AM  PM  to \_\_\_\_\_ AM  PM

**Location 2 :** \_\_\_\_\_

Days of Operation: M  T  W  TH  F  S  SU

Hours: \_\_\_\_\_ AM  PM  to \_\_\_\_\_ AM  PM

**Location 3 :** \_\_\_\_\_

Days of Operation: M  T  W  TH  F  S  SU

Hours: \_\_\_\_\_ AM  PM  to \_\_\_\_\_ AM  PM

**Location 4:** \_\_\_\_\_

Days of Operation: M  T  W  TH  F  S  SU

Hours: \_\_\_\_\_ AM  PM  to \_\_\_\_\_ AM  PM

Edwin M. Lee  
Mayor

Mohammed Nuru  
Director

**Jerry Sanguinetti**  
Manager

Street Use and Mapping  
1155 Market St., 3rd floor  
San Francisco, CA 94103  
tel 415-554-5810

[sfpublicworks.org](http://sfpublicworks.org)  
[facebook.com/sfpublicworks](https://facebook.com/sfpublicworks)  
[twitter.com/sfpublicworks](https://twitter.com/sfpublicworks)

## DEPARTMENT OF PUBLIC HEALTH (DPH) CLASSIFICATION

See DPH application for classification

Check One:  MFF1  MFF2  MFF3  MFF4  MFF5

## CALIFORNIA DEPARTMENT OF MOTOR VEHICLE (DMV) REGISTRATION

Make/Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle ID#: \_\_\_\_\_

### SUBMITTAL CHECKLIST

- Complete SF Public Works Application
- Two (2) Photographs of permit applicant(s) ( Passport photo size or similar)
- Non-Refundable Fee (See Fee Schedule)  
VISA, MasterCard, American Express, Check or Money Order made payable to SF Public Works
- Site Plan : Dimensioned footprint of mobile food facility, property lines, sidewalk widths, existing parking alignment, adjacent building(s) including all entrances/exits, fire protection services, existing sidewalk furniture (e.g. utility poles, fire hydrants, parking meters, etc.)
- For Mobile Food Trucks:** 75-foot radius notification packet : Map, List, Addresses, Postage, Affidavit.
- For Mobile Food Pushcarts:** 300-foot radius notification packet : Map, List, Addresses, Postage, Affidavit.

For required notification mailings:

- Envelopes will be provided by SF Public Works
- Applicant will be required to affix address labels and postage

### FINAL APPROVAL CHECKLIST

Prior to final approval from Public Works, the applicant must provide the following:

- Current Department of Public Health (DPH) Certificate of Sanitation (public) and Decal
- Current San Francisco Fire Department (SFFD) Inspection Report and Decal
- Current San Francisco Business Registration Certificate
- California Department of Motor Vehicles (DMV) Vehicle Registration

**Applicant understands and agrees to comply with all conditions noted on this application, the Public Works Code, Health & Safety and Fire Codes, DPW Order No. 179,044 and other local, state and federal laws governing mobile food facilities and accessibility as they may apply to this permit.**

\_\_\_\_\_  
**Signature of Applicant/Authorized Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**