



Permits

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

APPLICATION FOR REVOCABLE MOBILE FOOD FACILITY PERMIT

PUBLIC WORKS PERMIT#
For Official Use Only

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 SA SU
Hours: AM PM to AM PM

Location 2:

Days of Operation: M T W TH F SA SU
Hours: AM PM to AM PM

Location 3:

Days of Operation: M T W TH F SA SU
Hours: AM PM to AM PM

SITE ADDRESS: _____

DEPARTMENT OF PUBLIC HEALTH (DPH) CLASSIFICATION:

See DPH application for classification

Check One: MFF 1 MFF 2 MFF 3 MFF 4 MFF 5**CALIFORNIA DEPARTMENT OF MOTOR VEHICLE (DMV) REGISTRATION**

Make/Model: _____ License Plate #: _____

Vehicle ID#: _____

SUBMITTAL CHECKLIST

- Complete San Francisco 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 San Francisco 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 San Francisco Public Works
 - ▶ Applicant will be required to affix address labels and postage

FINAL APPROVAL CHECKLIST

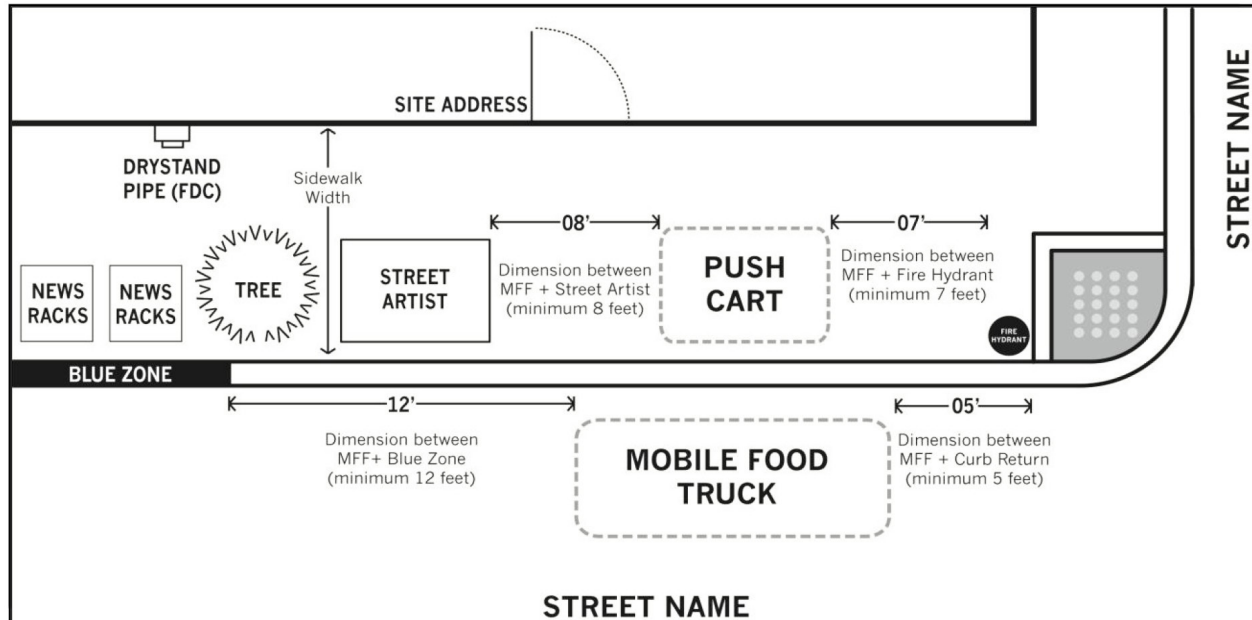
Prior to final approval from Public Works, the applicant must provide the following:

- 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. 182,101 and other local, state and federal laws governing mobile food facilities and accessibility as they may apply to this permit.

Print Name_____
Signature of Applicant/Authorized Agent_____
Date**COMPLETE AND SUBMIT THE APPLICATION EITHER IN PERSON OR THROUGH EMAIL****IN PERSON**San Francisco Public Works, **Permit Center, Permits**, 49 South Van Ness Ave. Suite 200**Processing Hours:** Please visit <https://sf.gov/location/permit-center>for operating hours of the Permit Center. **Closed on official holidays****EMAIL**Electronic copies (PDF) of the application materials may be sent to: BSMPermitDivision@sfdpw.org

SITE ADDRESS: _____

MOBILE FOOD FACILITY PERMIT SAMPLE DRAWING


- Dimension the length and width of the Mobile Food Facility.
- When choosing a location, please be aware that the majority of trucks provide service on the passenger side of the vehicle.
- Truck / trailers shall be located on the street in a legal parking space.
- Pushcart: The minimum recommended width of a sidewalk shall be 15 feet.
- Truck: The minimum recommended width of a sidewalk shall be 10 feet.
- Represent the dimension(s) between the Mobile Food Facility and any obstructions: newspaper racks, bike racks, signs, parking meters, hydrants, payphones, lights, SFFD alarm, street trees etc.
- All Mobile Food Facilities must maintain a minimum clearance of
 - ▶ 8' from Street Artist (<https://www.sfartscommission.org/find-opportunities/art-vendor-program/maps>)
 - ▶ 5' from Curb Return
 - ▶ 6' Path of Travel
 - ▶ 6' from Street Furniture
 - ▶ 7' from Fire Hydrant
 - ▶ 8' from Bus Zones
 - ▶ 12' from Blue Zone

SITE ADDRESS: _____


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SAMPLE BUSINESS REGISTRATION CERTIFICATE

CITY AND COUNTY OF SAN FRANCISCO · OFFICE OF THE TREASURER & TAX COLLECTOR			RENEW THIS CERTIFICATE BY	THIS CERTIFICATE EXPIRES ON
BUSINESS REGISTRATION CERTIFICATE FY				
CERTIFICATE NO.	LOC.	CLASS.	CLASSIFICATION DESCRIPTION	
<input type="text"/>				
BUSINESS NAME			BUSINESS LOCATION	
TAXPAYER'S SIGNATURE _____				
OWNERSHIP	DATE ISSUED:			
DBA				
MAILING ADDRESS			GEORGE W. PUTRIS TAX ADMINISTRATOR	
CITY - STATE				
MUST BE POSTED <u>CONSPICUOUSLY</u> AT THE BUSINESS LOCATION				
<small>READ REVERSE SIDE. NOTIFY THE TAX COLLECTOR IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS · P.O. BOX 7425, SAN FRANCISCO, CA 94125</small>				


SAMPLE DEPARTMENT OF PUBLIC HEALTH DECAL STICKER & CERTIFICATE OF SANITATION

	AND CERTIFICATE OF SANITARY INSPECTION <small>Issued according to provisions of the San Francisco Health Code</small>
AUTHORIZING conduct of the following class of	
FOOD PREPARATION AND SERVICE ESTABLISHMENT	
Type of Operation: _____	Tax Code: _____ DPR Code: _____
Name and Address Below:	
Owner: _____	
DBA _____	
Street Address: _____	
DEPARTMENT OF PUBLIC HEALTH Bureau of Environmental Health City and County of San Francisco	
<small>Valid only when accompanied by a receipt from the Tax Collector showing payment of current license fee. THIS PERMIT TO OPERATE MAY BE REVOKED OR SUSPENDED FOR CAUSE AND IS NOT TRANSFERABLE. CHANGE OF OWNERSHIP must be reported immediately.</small>	
Inspector: _____	Director of Environmental Health: _____
Principal Inspector: _____	Director of Public Health: _____

2013
INSPECTED
DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO
772

3 Digit Number

SAMPLE FIRE DEPARTMENT INSPECTION REPORT & DECAL

	BUREAU OF FIRE PREVENTION INSPECTION REPORT FOR MOBILE CATERING EQUIPMENT
DBA _____	SFFD PERMIT NBR: <input type="text"/>
OWNER'S NAME: _____	PHONE: _____
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____

San Francisco Fire Department
698 - 2nd St., S. F. CA 94107

SFFD ANNUAL INSPECTION

DBA: _____
Permit No.: _____
Vehicle Lic.: _____
Inspected By: _____ Date: _____