



MOBILE FOOD FACILITY ROUTE INFORMATION

ENVIRONMENTAL HEALTH - PLAN CHECK PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706-1423

Telephone: (626) 430-5560 Fax: (626) 813-3021

<http://www.publichealth.lacounty.gov/eh/about/mobile-food-program.htm>



Revised route information may be provided by email: ehvip@ph.lacounty.gov, U.S. Mail at address listed above, or fax: (626) 813-3021.

DBA of Mobile Food Facility: _____ Date: _____

Owner Name: _____ FA: _____ PR: _____

I choose to utilize social media or a website to report my operating location and will update my operating location throughout the day.

Platform: Facebook Instagram Twitter Yelp I utilize www.BestFoodTrucks.com to update my location

Other: _____

How is this specific truck identified on social media? (list all that apply): _____

Business website: _____

If social media is not utilized to report operating location, please provide route below:

| Stop | Location Provide Address if available OR nearest cross street/landmark | City, Zip Code | Days | | | | | | | Time | |
|------|--|----------------|------|---|---|----|---|-----|-----|-------|--------|
| | | | M | T | W | TH | F | SAT | SUN | START | FINISH |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |

If commissary has changed, provide name and address: _____

By checking this box, I acknowledge that failure to provide accurate location information through social media, route sheet or other means may be considered a refusal of entry to inspect and interference with the duties of a health officer. This may be considered a violation of the California Retail Food Code and County code. I understand and agree that if I make any changes to my route or business location, I must notify the Mobile Food Program within 14 days.

By checking this box, I further acknowledge that failure to notify the Mobile Food Program (MFP) of any changes may result in the suspension or revocation of my Public Health Permit to operate as a Mobile Food Facility.

Name (Print): _____ Signature: _____ Date: _____

OFFICE USE ONLY

Received/Reviewed by: _____ Signature: _____ Date: _____

CONFIDENTIAL: The information provided above is not a public record and must not be copied, faxed, reviewed, or distributed without written authorization from the owner. [CA Public Records Act, Section 6254.5(e)]