



PLAN CHECK SERVICE REQUEST

MOBILE FOOD FACILITY (MFF)

COMMISSARY

ENVIRONMENTAL HEALTH - PLAN CHECK PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706-1423

www.publichealth.lacounty.gov/eh – (626) 430-5560



Date of Request: _____

| PLAN OWNER (DESIGNER, MANUFACTURER, EXPEDITER, OWNER OF THE BUSINESS) | | | | |
|---|---------------------------|-------|-------------------|------|
| NAME: | | | DESIGNEE/CONTACT: | |
| MAILING ADDRESS: | UNIT: | CITY: | STATE: | ZIP: |
| PHONE NUMBER: | ALTERNATIVE PHONE NUMBER: | | E-MAIL ADDRESS: | |

Select how you would like to receive Plan Correction Sheet: E-mail to Plan Owner Mail to Owner

Applications and plans will be reviewed upon receipt of fee payment. The initial plan check fee entitles you to two (2) plan reviews and two (2) field inspections, additional plan reviews or inspections will be subject to additional fees.

REGULAR initial plan will be reviewed within 20 business days, EXPEDITED initial plan will be reviewed within 10 business days.

| BUSINESS CLASSIFICATION | MOBILE FOOD FACILITY (MFF) | | REGULAR | EXPEDITED |
|--------------------------|---|---|---------------------------------------|----------------------------------|
| | <input type="checkbox"/> | MOBILE FOOD FACILITY (MFF) – Low or Moderate Risk – See page 2 for definition. | <input type="checkbox"/> \$544 | <input type="checkbox"/> \$816 |
| | <input type="checkbox"/> | MFF – High Risk – See page 2 for definition. | <input type="checkbox"/> \$741 | <input type="checkbox"/> \$1,112 |
| | <input type="checkbox"/> | MOBILE SUPPORT UNIT – See page 2 for definition. | <input type="checkbox"/> \$441 | <input type="checkbox"/> \$662 |
| | <input type="checkbox"/> | RENOVATION OF A PERMITTED MFF (Provide a brief description of the renovation) | <input type="checkbox"/> \$315 | <input type="checkbox"/> \$473 |
| | <input type="checkbox"/> | MFF EVALUATION (Change in ownership, menu, or equipment) | <input type="checkbox"/> \$167 Hourly | |
| | <input type="checkbox"/> | MISCELLANEOUS (Additional plan review and additional inspection) | <input type="checkbox"/> \$167 Hourly | |
| | COMMISSARY OPERATORS | | REGULAR | EXPEDITED |
| | <input type="checkbox"/> | COMMISSARY – Food Preparation, High Risk | <input type="checkbox"/> \$796 | <input type="checkbox"/> \$1,194 |
| | <input type="checkbox"/> | COMMISSARY – Clean and/or Storage Facility | <input type="checkbox"/> \$402 | <input type="checkbox"/> \$603 |
| <input type="checkbox"/> | COMMISSARY – Food Storage and Clean Facility | <input type="checkbox"/> \$546 | <input type="checkbox"/> \$819 | |

MFF, BUSINESS OWNER/OPERATOR, VEHICLE MANUFACTURER, OR COMMISSARY OWNER/OPERATOR

| | | | | |
|------------------|-------|-------|-------------------|------|
| NAME: | | | DESIGNEE/CONTACT: | |
| MAILING ADDRESS: | UNIT: | CITY: | STATE: | ZIP: |

- PLAN CHECK PROCESS**
- Incomplete applications will not be processed.
 - Submit two (2) copies of plans with your application.
 - For MFF/Compact Mobile Food Operation (CMFO), the proposed menu must be submitted with the plans for new construction, evaluation, or renovation.
 - Plan Check will contact you after the plans are reviewed.
 - You must obtain approved plans from Plan Check before construction or installation of any equipment.
 - Plans will only be released to the plan owner.
 - Contact the Plan Check Programs at **(626) 430-5560** if you have questions.

| | | | |
|-------------------|--|----------------|---|
| SUBMISSION | <p>Submit plans & application online: Approved plans will be accessible from the SharePoint site. http://www.publichealth.lacounty.gov/eh/i-want-to/submit-electronic-plan.htm</p> <p>-or-</p> <p>Submit in-person at any of our Plan Check locations: Approved plans must be picked up in-person from our Plan Check office. http://www.publichealth.lacounty.gov/eh/about/plan-check-program.htm</p> | PAYMENT | <ul style="list-style-type: none"> • If plans are submitted online, an invoice will be generated and emailed to you along with payment instructions. • Do not submit your payment until you have received an invoice. • Include your invoice number if paying by mail. |
|-------------------|--|----------------|---|

Pay Online:

Pay online using Credit Card (Visa, MasterCard, American Express, or Discover), Debit Card, and Electronic Check (ECheck).

Please note that there is an additional convenience fee charge using online payment.

Pay by Mail:

Make **Check, Cashier's Check, or Money Order** payable to: County of Los Angeles

Mail to:
Department of Public Health
5050 Commerce Drive
Baldwin Park, CA 91706

Pay In-Person:

Make payment in person at any Environmental Health office locations throughout Los Angeles County, between the hours of 8:00 am - 4:30 pm, Monday through Friday. Acceptable forms of in-person payment include **Cash, Check, Cashier's Check, or Money Order** in the exact amount due. Check our website for locations at

<http://www.publichealth.lacounty.gov/eh/about/plan-check-program.htm>

OWNER REPRESENTATIVE DECLARATION:

I understand the amount of fee paid is **NON-REFUNDABLE** and the application is **NON-TRANSFERABLE**. The fee paid is based on my declaration of the business classification indicated above. If this declaration is incorrect, I understand that the plans will not be reviewed until the correct fee is paid. I also understand that plans shall be reviewed within 20 (regular) or 10 (expedited) working days after receipt of payment and the **REVIEWED PLANS (WHETHER APPROVED OR NOT) ARE VALID FOR ONE YEAR. FINALLY, I UNDERSTAND PLANS MUST BE APPROVED PRIOR TO COMMENCING CONSTRUCTION OR INSTALLING ANY EQUIPMENT, AND IT IS A MISDEMEANOR TO BEGIN OPERATION WITHOUT A FINAL INSPECTION, APPROVAL, AND VALID HEALTH PERMIT/LICENSE.**

SIGNATURE: _____ **DATE:** _____

DEFINITIONS

MOBILE FOOD FACILITY (MFF) - Any vehicle used in conjunction with a Commissary or other permanent Food Facility upon which food is sold or distributed at retail. Does not include a "Transporter" used to transport packaged food from a food Facility, or other approved source to the consumer.

Low or Moderate Risk (e.g., *tamales, coffee, smoothies, unpackaged cut fruit, prepackaged ice cream truck, hot dogs*)

High Risk (e.g., *tacos, sandwiches, seafood - with raw meat, poultry, or fish on the MFF*)

COMMISSARY - Any structure or portion of a structure used exclusively for the storage, cleaning and/or servicing of Mobile Food Facilities, Mobile Support Units, Temporary Food Facilities, or Vending Machines.

- A. **Commissary, Food Preparation:** A Food Facility that is used for food preparation and food storage; provides potable water supply hook-ups and a clarifier for disposal of wastewater; and is used for the storage and/or cleaning of Mobile Food Facilities, Mobile Support Units, or Vending Machines.
- B. **Commissary, Food Storage and Cleaning Facility:** A Food Facility that is used for food storage; provides potable water supply hook-ups, a clarifier for disposal of wastewater, and is used for the storage and/or cleaning of Mobile Food Facilities, Mobile Support Units, or Vending Machines. Food shall not be prepared in such a facility.
- C. **Commissary, Cleaning and Storage Facility:** A Commissary that provides potable water supply hook-ups, a clarifier for disposal of wastewater, and is used for the storage and/or cleaning of Mobile Food Facilities, Mobile Support Units, or Vending Machines. Food shall not be prepared or stored in such a facility.
- D. **Commissary, Storage Facility:** A Commissary used exclusively for storage of Mobile Food Facilities, Mobile Support Units, or Vending Machines. No cleaning of equipment or storage of food is allowed in such a facility.

MOBILE SUPPORT UNIT - Vehicle used in conjunction with a commissary or other permanent food facility that travels to and services Mobile Food Facilities as needed to replenish supplies, including food and potable water, clean the interior of the unit, or dispose of liquid or solid wastes.

| FOR OFFICE USE | | |
|----------------|---|-------------------|
| CONTACT OFFICE | PAYMENT | PLAN CHECK NUMBER |
| | Amount Paid _____ Date paid: _____ Receipt #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Cashier's Initials: _____ | SR _____ |