## MOBILE FOOD FACILITY PACKET



# DEVELOPMENT SERVICES PLANNING DIVISION





DEVELOPMENT SERVICES
PLANNING DIVISION

planning@turlock.ca.us

156 S. Broadway, Suite 120 | TURLOCK, California 95380 | PHONE 209-668-5640 | FAX 209-668-5107

### Instructions for Completing the Mobile Facility Permit Application

Please allow a minimum of 10 business days from the date of submittal for process of the application and issuance of the mobile food facility permit. Submitting an incomplete application may cause a delay in reviewing and processing of the application.

Th	e fo	ollowing items are <b>REQUIRED</b> for a complete Application. **
		Completed Application  Written Authorization from the Property Owner if Applicant is not the property owner
		Site Plan showing accurate and legible dimensions and measurements and to include the following:
		<ul> <li>property boundaries</li> <li>location of buildings or structures</li> <li>location and number of parking spaces</li> <li>location of mobile facility</li> <li>location and size of canopies or tents used</li> <li>location and number of tables and chairs used</li> <li>any electrical connections or temporary electrical poles that will be used (building permit required)</li> <li>location of power generator if one is being used (power generator must be located within 5 feet of the mobile food facility)</li> </ul>
		Copy of Stanislaus County Environmental Resources Food Facility Inspection Official Notice
		Copy of Stanislaus County Environmental Resources Commissary Form
		Copy of Stanislaus County Environmental Resources Restroom Facility Form
	□ OR	\$900.00 New Application Fee
		\$90.00 Renewal Application Fee

\*\* **NOTE:** The Deputy Director of Development Services may require additional information, materials, or plans, if necessary.



## Mobile Facility Permit Application

Name of Vehicle Owner or Operator:	Phone#:
Home Address of Vehicle Owner or Operator: _	
Business Name:	
Business Location Address:	
Vehicle License Number:	
Address on Vehicle:	
Hours of Operation:	Days of Operation:
notice, mobile food facility permit, the approved restroom facilities must be submitted with this a	ironmental Resources food facility inspection official commissary form, and the written agreements for application.
business you will be operating. The Mobile Facin accordance with all applicable Codes and onecessary to make this determination could result commercial sale and delivery of medical and	I non-medical is prohibited in all zones, planned areas in the City of Turlock in accordance with Turlock
,	er information submitted is true and correct to the best of
(Signature of Vehicle Owner/Operator)	(Print Name)
(Date)	
For Office Use Only	
ZONING:	APN:
PERMIT #:	APPLICATION DATE:
RENEWAL:	If yes, previous permit #:



### **PROPERTY OWNER AUTHORIZATION**

Ι,	the owner of the property at							
Autr	norize							
To operate a Mobile Facility, in accordance with the Turlock Municipal Code and all State and Federa Laws. As a condition of approval of the application and permit, I agree to defend at my sole expense any action brought against the City, arising from the approval of the application and permit. I shall reimburse the City of Turlock for any court costs and legal fees. The City may, at its sole discretion participate in the defense of any such action; such participation shall not relieve the applicant of his obligation under this condition. I am the owner of the above-mentioned property and am familiar with the proposed Mobile Facility.								
Dated this day of	of 20							
Signature of Property Owner/Agent for Property Owner								
Print Name of Property Owner/Agent for Property Owner								
The property owner/agent signature requires notarizate								
certificate (all-purpose ack	nowledgement).							

#### **SITE PLAN**

(Must be included with application)

A site plan showing all of the following, distances from the property lines, and distance between structures: 1) property boundary; 2) Mobile Facility location; 3) the business providing restroom facilities; 4) the distance from the mobile facility to the restrooms; 5) location and size of canopy or tent; 6) location and number of tables and chairs; and 7) any electrical connections or temporary electrical poles that will be used. Please include primary street and nearest cross street(s).

1			
	*		
1			
			,
			,
			,
			,
			4
			3
			,
			,

