

385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: <u>EHS.CustomerService@dph.sbcounty.gov</u>

Website: ehs.sbcounty.gov Text/Call: 800.442.2283 Fax: 909.387.4323

CART/COMPACT MOBILE FOOD OPERATIONS(CMFO) PERMIT EXEMPT FORM

THIS SECTION TO BE COMPLETED BY APPLICANT			
Business Name:		Business Phone:	
Site Address:	City		Zip Code:
Owner's Name:	1	Owner's Phone:	
Owner's Address:	City:		Zip Code:
Types of Food Sold:			
Initial The undersigned owner/operator of the above-mentioned facility understands that this facility is exempt from obtaining a Health Permit for the retail sale of food and agrees to operate in accordance with said exemption. Any planned deviation of the operation shall be reported to EHS for a review of the facility's exempt status. The owner/operator understands that any deviation in operation may void the facility's exempt status with EHS, at which time a valid permit is required. Initial The undersigned owner/operator understands that operating outside of this exemption, without a valid health permit, is a misdemeanor and punishable as such according to the California Health and Safety Code, Division 104, Part 7, California Retail Food Code. EXEMPT STATUS BASED ON THE SALE AND STORAGE OF COMMERCIALLY PREPACKAGED NONPOTENTIONALLY HAZARDOUS FOODS IN A COMBINED AREA NOT TO EXCEED 25 SQUARE FEET.			
□ Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.			Date:
Signature:			
Print Name:		Title:	
THIS SECTION TO BE COMPLETED BY APPROVING SUPERVISOR			
Supervisor Name:		Date:	
Supervisor Signature:	Contact Phor	e Number:	
REHS Registration Number:	Email Address:		
For Office Use Only			
SR Number:	PE Number:		
Received By:		Date:	
Changes:			