



**Mobile Food Facilities Checklist**

**Information and Items Needed to Apply**

Applicant Information	
<input type="checkbox"/>	Valid Drivers License (copy)
<input type="checkbox"/>	Proof of insurance coverage satisfactory to City.
<input type="checkbox"/>	Copy of Tax ID or Municipal Identification Number
<input type="checkbox"/>	Photograph of the Mobile Food Facility
<input type="checkbox"/>	Photograph of any mobile support units (if applicable)
<input type="checkbox"/>	Valid Business License or Copy of Business License Application with Receipt
<input type="checkbox"/>	Copy of a current Riverside County Environmental Health Permit
<input type="checkbox"/>	Commissary Agreement Letter (must include Permitted commissary- approved facility information)
<input type="checkbox"/>	Proof of Vehicle Insurance



## Mobile Food Facilities

<b>Applicant Information:</b>	
Name:	Street Address:
	City, State and Zip:
Mailing Address: (if different)	Street Address:
	City, State and Zip:
Email Address:	
Telephone Number of Business:	
<b>Description of Food for Sale</b> <i>(This shall include the nature, character and quality of the product):</i>	

Check if Only Selling Pre-Packaged Food:

*“Prepackaged food” means any properly labeled and processed food, prepackaged to prevent any direct human contact with the food product upon distribution from the manufacturer, and prepared at an approved source.*

<b>Description of Vending Vehicle</b> <i>(This shall include logo and color scheme, its registration number, and its license number.)</i>

<b>Location and/or Street Names for Vending:</b>

<b>Business Information:</b>	
Business Name:	Business Address:
Business Mailing City, State and Zip:	
Tax ID/Municipal ID <i>(attach a copy)</i>	
Days and Hours of Operation:	
Telephone Number of Business:	
Email Address:	



Check if Employed by Another Company:

Independent Contractor for Business (1099):

**Have You Ever had a Mobile Food Vending Vehicle Permit Under your Present or Any Other Name?**

Yes:  (Please explain below)

No:

If Yes, Please Explain:

Please present (2) previous business and residence addresses immediately prior to the present or proposed business address of the applicant.

<b>Business Addresses</b>	
Previous Business Address (1/2):	City, State, Zip (1/2)
Previous Business Address (2/2)	City, State, Zip (2/2)
<b>Residence Addresses</b>	
Previous Residence Address (1/2)	City, State, Zip (1/2)
Previous Residence Address (2/2)	City, State, Zip (2/2)

**Have you Ever Had a Mobile Food Vending Vehicle Revoked or Suspended?**

Yes\*

No

\* If Yes, Please Explain


**CITY OF**



**DESERT HOT SPRINGS**

CODE COMPLIANCE DIVISION

11999 Palm Drive • Desert Hot Springs • CA • 92240  
(760) 329-6411 • [www.cityofdhs.org](http://www.cityofdhs.org)

Acknowledgements

The vendor will comply with all local, state, and federal laws regarding food product vending, including all applicable sales tax revenues and chapter 5.52 of the Desert Hot Springs Municipal Code.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_