



Street-Use and Mapping

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

APPLICATION FOR REVOCABLE MOBILE FOOD FACILITY PERMIT

BSM PERMIT#
For Official Use Only

BUSINESS INFORMATION

Business/ DBA Name: Applicant Name:

(If applicant is a corporation, list names and addresses of each officer, director and each stockholder owning more than 10% of stock of the corporation on a separate attachment.)

Mailing Address:

City: State: Zip:

Phone: E-Mail:

Commissary Address:

City: State: Zip:

SF Business Certificate: Driver's License:

FACILITY INFORMATION

Type of Facility: Push Cart Truck Truck/Trailer

Proposed Menu:

PROPOSED LOCATION(S) & OPERATION INFORMATION

Location description shall include address and physical description (e.g. north side of 'A' Street, 100 feet east of 'B' Avenue). Provide a separate site plan and photo(s) for each location(s). See "Mobile Food Facility Sample Drawing."

Location 1:

Days of Operation: M T W TH F SA SU
Hours: AM PM to AM PM

Location 2:

Days of Operation: M T W TH F SA SU
Hours: AM PM to AM PM

Location 3:

Days of Operation: M T W TH F SA SU
Hours: AM PM to AM PM

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SITE ADDRESS: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH (DPH) CLASSIFICATION:**

See DPH application for classification

Check One:  MFF 1  MFF 2  MFF 3  MFF 4  MFF 5

**CALIFORNIA DEPARTMENT OF MOTOR VEHICLE (DMV) REGISTRATION**

Make/Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle ID#: \_\_\_\_\_

**SUBMITTAL CHECKLIST**

- Complete SF Public Works Application
  - Two (2) photographs of permit applicant(s) (Passport photo size or similar)
  - Non-Refundable Fee (See fee schedule)  
VISA, MasterCard, American Express, Check or Money Order made payable to SF Public Works
  - Site Plan: Dimensioned footprint of mobile food facility, property lines, sidewalk widths, existing parking alignment, adjacent building(s) including all entrances/exits, fire protection services, existing sidewalk furniture (e.g. utility poles, fire hydrants, parking meters, etc.)
  - For Mobile Food Trucks: 75-foot radius notification packet: Map, List, Addresses, Postage, Affidavit.
  - For Mobile Food Pushcarts: 300-foot radius notification packet: Map, List, Addresses, Postage, Affidavit.
- For required notification mailings:
- ▶ Envelopes will be provided by SF Public Works
  - ▶ Applicant will be required to affix address labels and postage

**FINAL APPROVAL CHECKLIST**

Prior to final approval from Public Works, the applicant must provide the following:

- Current Department of Public Health (DPH) Certificate of Sanitation (public) and Decal
- Current San Francisco Fire Department (SFFD) Inspection Report and Decal
- Current San Francisco Business Registration Certificate
- California Department of Motor Vehicles (DMV) Vehicle Registration

**Applicant understands and agrees to comply with all conditions noted on this application, the Public Works Code, Health & Safety and Fire Codes, DPW Order No. 182,101 and other local, state and federal laws governing mobile food facilities and accessibility as they may apply to this permit.**

Print Name

Signature of Applicant/Authorized Agent

Date

**COMPLETE AND SUBMIT THE APPLICATION EITHER IN PERSON OR THROUGH EMAIL**



**IN PERSON**

San Francisco Public Works, **Permit Center**, Bureau of Street-Use & Mapping, 49 South Van Ness Ave. Suite 200

**Processing Hours:** Please visit <https://sf.gov/location/permit-center>

for operating hours of the Permit Center. **Closed on official holidays**



**EMAIL**

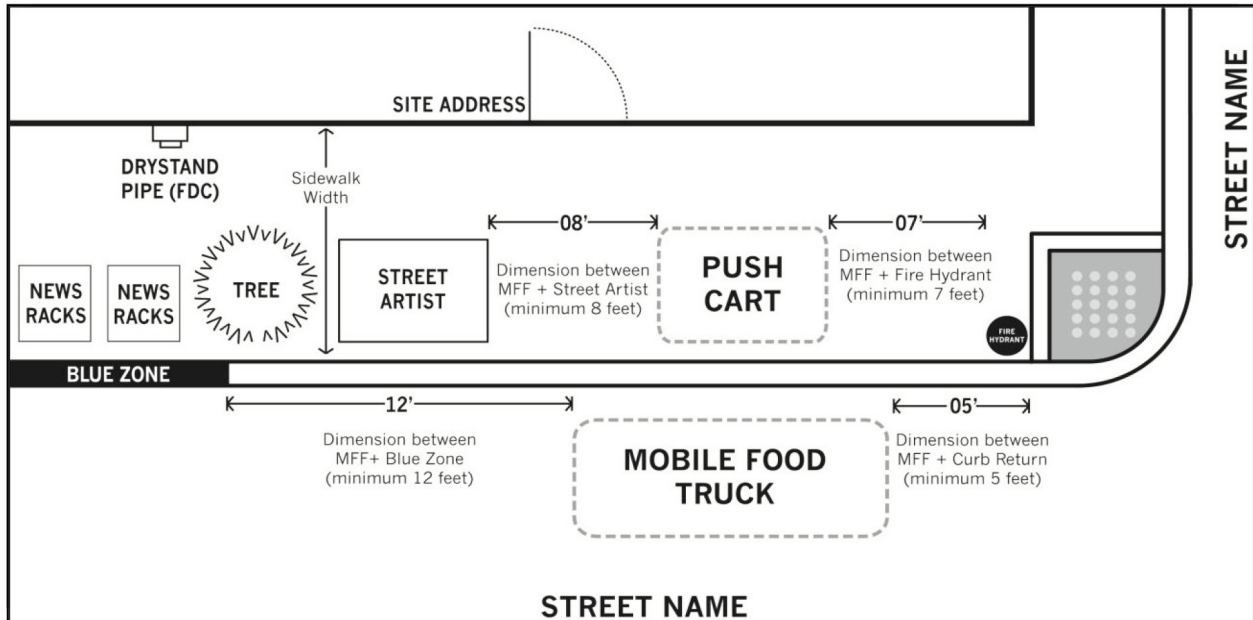
Electronic copies (PDF) of the application materials may be sent to: [BSMPermitDivision@sfdpw.org](mailto:BSMPermitDivision@sfdpw.org)

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## MOBILE FOOD FACILITY PERMIT SAMPLE DRAWING




- Dimension the length and width of the Mobile Food Facility.
- When choosing a location, please be aware that the majority of trucks provide service on the passenger side of the vehicle.
- Truck / trailers shall be located on the street in a legal parking space.
- Pushcart: The minimum recommended width of a sidewalk shall be 15 feet.
- Truck: The minimum recommended width of a sidewalk shall be 10 feet.
- Represent the dimension(s) between the Mobile Food Facility and any obstructions: newspaper racks, bike racks, signs, parking meters, hydrants, payphones, lights, SFFD alarm, street trees etc.
- All Mobile Food Facilities must maintain a minimum clearance of
  - ▶ 8' from Street Artist (<https://www.sfartscommission.org/find-opportunities/art-vendor-program/maps>)
  - ▶ 5' from Curb Return
  - ▶ 6' Path of Travel
  - ▶ 6' from Street Furniture
  - ▶ 7' from Fire Hydrant
  - ▶ 8' from Bus Zones
  - ▶ 12' from Blue Zone

SITE ADDRESS: \_\_\_\_\_



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### SAMPLE BUSINESS REGISTRATION CERTIFICATE

CITY AND COUNTY OF SAN FRANCISCO · OFFICE OF THE TREASURER & TAX COLLECTOR			RENEW THIS CERTIFICATE BY	THIS CERTIFICATE EXPIRES ON
<b>BUSINESS REGISTRATION CERTIFICATE FY</b>				
CERTIFICATE NO.	LOC.	CLASS.	CLASSIFICATION DESCRIPTION	
<input type="text"/>				
BUSINESS NAME			BUSINESS LOCATION	
TAXPAYER'S SIGNATURE _____				
OWNERSHIP DBA MAILING ADDRESS CITY - STATE			DATE ISSUED:  <b>GEORGE W. PUTRIS</b> TAX ADMINISTRATOR	
<b>MUST BE POSTED <u>CONSPICUOUSLY</u> AT THE BUSINESS LOCATION</b>				
<small>READ REVERSE SIDE. NOTIFY THE TAX COLLECTOR IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS · P.O. BOX 7425, SAN FRANCISCO 94110-7425</small>				

### SAMPLE DEPARTMENT OF PUBLIC HEALTH DECAL STICKER & CERTIFICATE OF SANITATION

 <b>AND CERTIFICATE OF SANITARY INSPECTION</b> <small>Issued according to provisions of the San Francisco Health Code</small> AUTHORIZING conduct of the following class of <b>FOOD PREPARATION AND SERVICE ESTABLISHMENT</b> Type of Operation: _____ Tax Code: _____ DPR Code: _____ Name and Address Below: Owner: _____ DBA: _____ Street Address: _____ <small>Valid only when accompanied by a receipt from the Tax Collector showing payment of current license fee. THIS PERMIT TO OPERATE MAY BE REVOKED OR SUSPENDED FOR CAUSE AND IS NOT TRANSFERABLE. CHANGE OF OWNERSHIP must be reported immediately.</small>	ISSUED: _____ <b>DEPARTMENT OF PUBLIC HEALTH</b> Bureau of Environmental Health City and County of San Francisco Inspector: _____ Director of Environmental Health Principal Inspector: _____ Director of Public Health	 # 772 <span style="border: 1px solid black; padding: 2px;">3 Digit Number</span>
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### SAMPLE FIRE DEPARTMENT INSPECTION REPORT & DECAL

 <b>BUREAU OF FIRE PREVENTION</b> <b>INSPECTION REPORT FOR MOBILE CATERING EQUIPMENT</b>	<b>SFFD PERMIT NBR</b> <input type="text"/>	<p>San Francisco Fire Department 698 - 2nd St., S. F. CA 94107</p> <p><b>SFFD ANNUAL INSPECTION</b></p> <p>DBA: _____ Permit No.: _____ Vehicle Lic.: _____ Inspected By: _____ Date: _____</p>
DBA: _____	OWNER'S NAME: _____ PHONE: _____	
MAILING ADDRESS: _____		
CITY: _____ STATE: _____ ZIP CODE: _____		
CITY: _____ STATE: _____ ZIP CODE: _____		