B

Application

Sidewalk to Success

Free Carts for Sidewalk Vendors

Cart Application Packet

Fruit Cart with Cooler

CITY OF LONG BEACH

Cart Application Steps:

Part A: Business License Form & Readiness Checklist

If you would like help filling out these forms, call the Health Department at 562-570-4132. You can schedule an appointment and we will walk through the process with you.

- ☐ Fill out Business License Form
- ☐ Fill out Readiness Checklist
- ☐ Refer to Frequently Asked Questions, if needed, to help complete these forms
- ☐ Once you are done filling out this packet, please submit both forms to the Health Department. You can email your packet to he-sidewalkvending@longbeach.gov or make an appointment to turn in your application in person. To make an appointment, please call 562-570-4132

After you finish Part A, please wait to hear back from us. This may take approximately 2 weeks, depending on the volume of applications.

Part B: Plan Submittal Checklist *(This Packet)*

We will send you this packet once Part A of your application is approved.

- ☐ Fill out your Long Beach Standard Operational Procedures – Page 2
- ☐ Fill out your Full Menu – Page 3
- ☐ Sign the signature acknowledgement page – Page 4
- ☐ Read about and understand all aspects of your cart – Pages 5-10
- ☐ Read through and understand the Manufacturer's Standard Operational Procedures for your cart – Page 11
- ☐ All carts with open/unpackaged foods need to have Appendix E completed before Part B will be approved
- ☐ Once you are done filling out this packet, please submit both forms to the Health Department. You can email your packet to he-sidewalkvending@longbeach.gov or make an appointment to turn in your application in person. To make an appointment, please call 562-570-4132
- ☐ An Environmental Health Specialist will verify and confirm that this part has been filled out completely and accurately. If we have questions about your form, we will contact you. Then if carts are available, you will be placed on a waiting list to receive one!
  - Y*ou may use the Manufacturer's Standard Operational Procedures as written. However, if you want to make changes, you will need to fill out a Written Operational Procedure and have that procedure approved by the Health Department.*
  - *Depending on your what you are planning on selling, a Written Operational Procedure may also be required by the Health Department, please check with the Environmental Health Specialist to see if you will need to fill one out*.

Part C: Final Approval checklist

We will send you this packet once Part B is approved.

Some set-ups will require extra paperwork, like a restroom agreement or written operational procedures. The Environmental Health Specialist will let you know if you need to fill these out.

Standard Operational Procedures for Prepackaged Compact Mobile Food Operations

CMFO Name: _____ Business License Number: _____

Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm
End	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm	☐ am ☐ pm

Location of Operation: _____Long Beach, CA_____
Street Address City State

Business Owner Name: _____

Phone #: (_____) _____-_____ Email: _____

Mailing Address:

_____
Street Address City State Zip Code

1. Indicate the location where you will store food at the end of the day (Note that leftover potentially hazardous foods must be discarded at the end of each operating day).

Food Stored at:

_____
Street Address City State Zip Code

2. Indicate the location where you will store the CMFO unit at the end of the day.

CMFO Stored at:

_____
Street Address City State Zip Code

3. If operating at one location for more than one hour, name the business providing restroom facility during the hours of operation.

Business location:

_____
Street Address City State Zip Code

4. Describe the procedures you will use to clean and sanitize the CMFO and equipment at the commissary.

Clean	
Sanitize	

5. Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:
   - ☐ Contact with a solution of 100 parts per million (ppm) available chlorine for at least 30 seconds.
   - ☐ Contact with a solution of 200 ppm available quaternary ammonium for at least 1 minute.

   Check the option you will use: ☐ Commercial pre-mixed solution or ☐ I will prepare my own sanitizer solution.

6. Indicate location for disposal of trash and refuse.

Street Address | City | State | Zip Code

Menu Description

Because a CMFO may only conduct limited food preparation, it is important that ONLY the foods approved on this application be prepared.

Write below a complete list of food and/or beverages that will be offered on the CMFO	Where will this food be purchased? Provide name & address of food facility

SIGNATURE AND ACKNOWLEDGEMENT
I certify that my operation on this CMFO does not and will not include any of the following: thawing, cooling of cooked potentially hazardous foods (PHF), grinding raw ingredients or PHF, reheating PHF for hot holding (except steamed or boiled hot dogs, and tamales in the original inedible wrapper), hot holding non-prepackaged PHF (except steamed or boiled hot dogs, and tamales in the original inedible wrapper or food prepared at an approved permanent food facility), washing of foods, cooking PHF for later use, and any operation requiring licensing through the California Department of Food and Agriculture, Milk and Dairy Branch. **Health & Safety Code, Section 113818** I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable once plans are reviewed. Plans are valid for one year after stamp of approval and must be restamped within 60 days of expiration or they will be purged. Authorized Signature: _____ Date: _____

OFFICE USE ONLY	
SCHEDULING INFORMATION	**APPROVAL STAMP**
Congratulations! Your plans are approved by the Long Beach Health Department. Your application for a cart is now being placed on a waitlist for purchase. If you do not live in one of the priority areas for the Program, your application will be processed after the first three months of the Cart Program. Final cart distribution and health permit are contingent on the final post plan check inspection. Contact your Environmental Health Specialist to schedule a final inspection.	

For Office Use Only:

Date Approved:	Date entered in Database:	Reviewed By:	Plan Check#:

Unpackaged CMFO Submittal Checklist

Please initial after reading	Sink & Plumbing Requirements	
	CMFO <u>not</u> handling raw meats, raw poultry or raw fish	**CMFO handling raw meats, raw poultry or raw fish**
	Handwashing Sink Minimum dimensions: 9” wide X 9” long X 5” deep. Warm water not required.	**Handwashing Sink** Minimum dimensions: 9” wide X 9” long x 5” deep. Warm Water required.
	Warewashing Sink <u>is not required</u> if spare clean utensils are provided. *NOTE: All utensils/equipment must be washed and sanitized on a daily basis at the commissary and the CMFO must be equipped with an adequate supply of spare preparation and serving utensils when in use.*	**Warewashing Sink** <u>is required.</u> An integral 3-compartment Warewashing sink must be provided that meets the following requirements: Each sink compartment must have minimum dimensions: 12” wide X 12” long X 10” deep OR 10” wide X 14” long X 10” deep. The Warewashing sink must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments.
	Potable Water Tanks Minimum 5 gallons for handwashing	**Potable Water Tanks** Minimum 20 gallons required: 5 gallons for handwashing and 15 gallons for Warewashing. Additional capacity is needed if product water is needed. All potable water tanks shall be manufactured and listed to NSF standards for potable water.
	Water Heater Not Required	**Water Heater** **Handwashing sink** – a water heater with minimum 0.5-gallon capacity or an instantaneous heater is required and must be capable of supplying a minimum of 100°F running water. **Warewashing sink** – a minimum 4-gallon capacity water heater is required and must be capable of supplying a minimum of 120°F running water. *NOTE: Steam table reservoirs cannot be used as a water heater.*

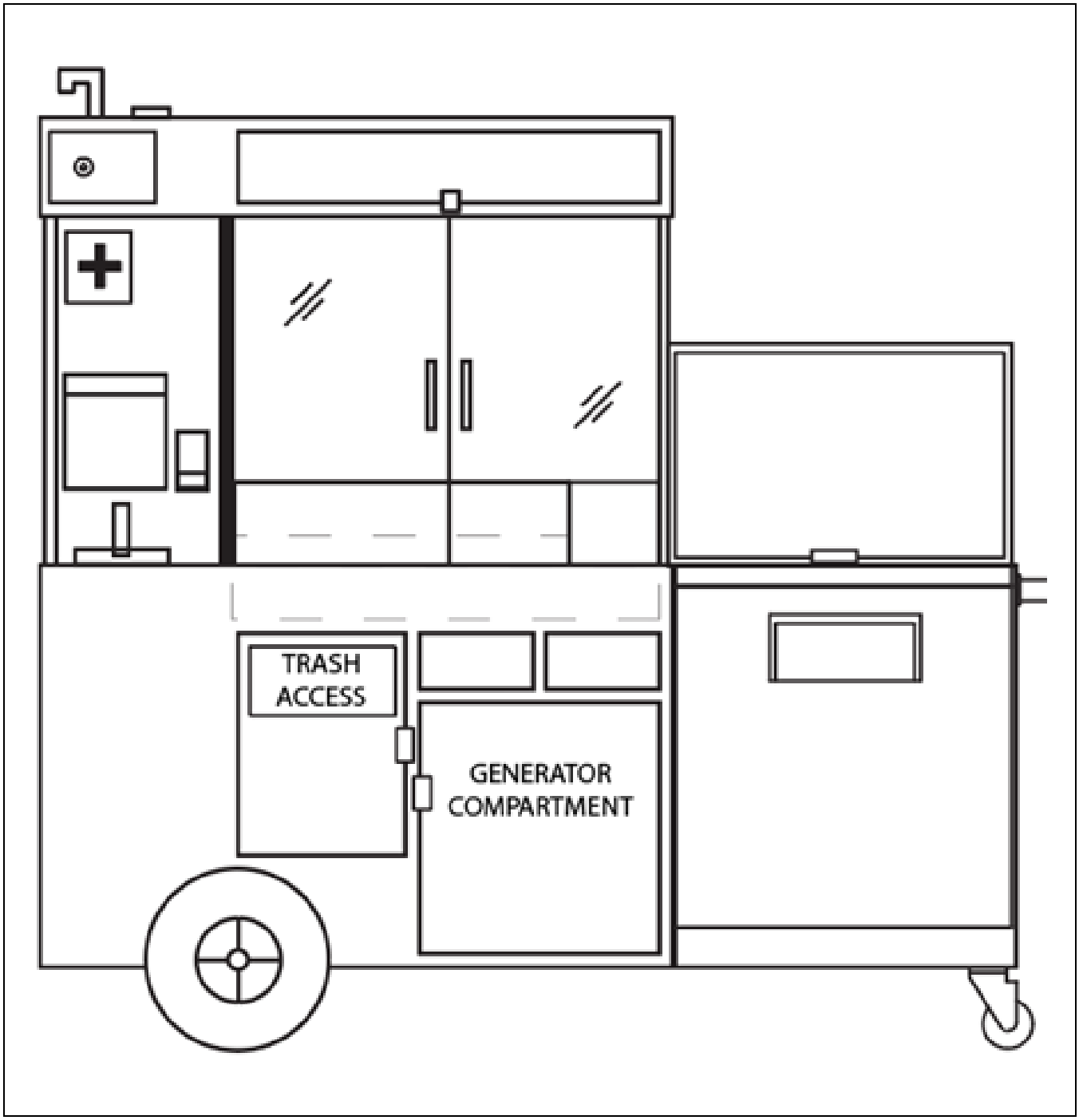
PLAN SUBMITTAL CHECKLIST (Unpackaged)- Continued

Please initial after reading	
	Wastewater Tanks The minimum capacity is 150% greater than the total capacity of provided potable water tanks. Where an ice bin is provided for storage, display, or service of food/beverage, and additional holding tank capacity equal to one-third the volume of the bin must be provided. Multiple removable tanks may be used.
	Plumbing Lines Potable water lines must be listed to NSF 61 for potable water. Waste lines cannot be the same color as the hoses for potable water. Typical potable water line colors are clear, white, or blue. Typical wastewater lines are black or grey.
	Water Pump Pump for potable water supply must be listed to NSF standards. No pump will be approved for drainage. All liquid waste drainage must be done by gravity.

Please initial after reading	Equipment
	Certified Equipment All equipment must be certified for sanitation (e.g., NSF, ETL, CSA, UL, NEMKO, etc.)
	Mechanical Refrigeration Required if handling potentially hazardous foods, capable of holding foods at or below 41°F
	Hot-holding Unit Required if hot holding potentially hazardous foods, capable at hot holding at or above 135°F
	Storage compartments clean utensils and for the orderly storage of food items
	Food Compartment Food preparation must be done within a food compartment. Food compartments must be constructed from materials that are nontoxic, smooth, easily cleanable, and durable and constructed to facilitate the cleaning of the interior and exterior of the compartment. Food compartments must be heat resistant and built in a manner that does not contaminate food during normal use. *Typical equipment requiring a compartment includes, but is not limited to: hotdog steamer, Italian ice serving, freezer, fryer, griddle, and preparation table.* *Typical equipment NOT requiring a compartment includes, but is not limited to: expresso machine, microwave, ovens, air pots, and blenders.*

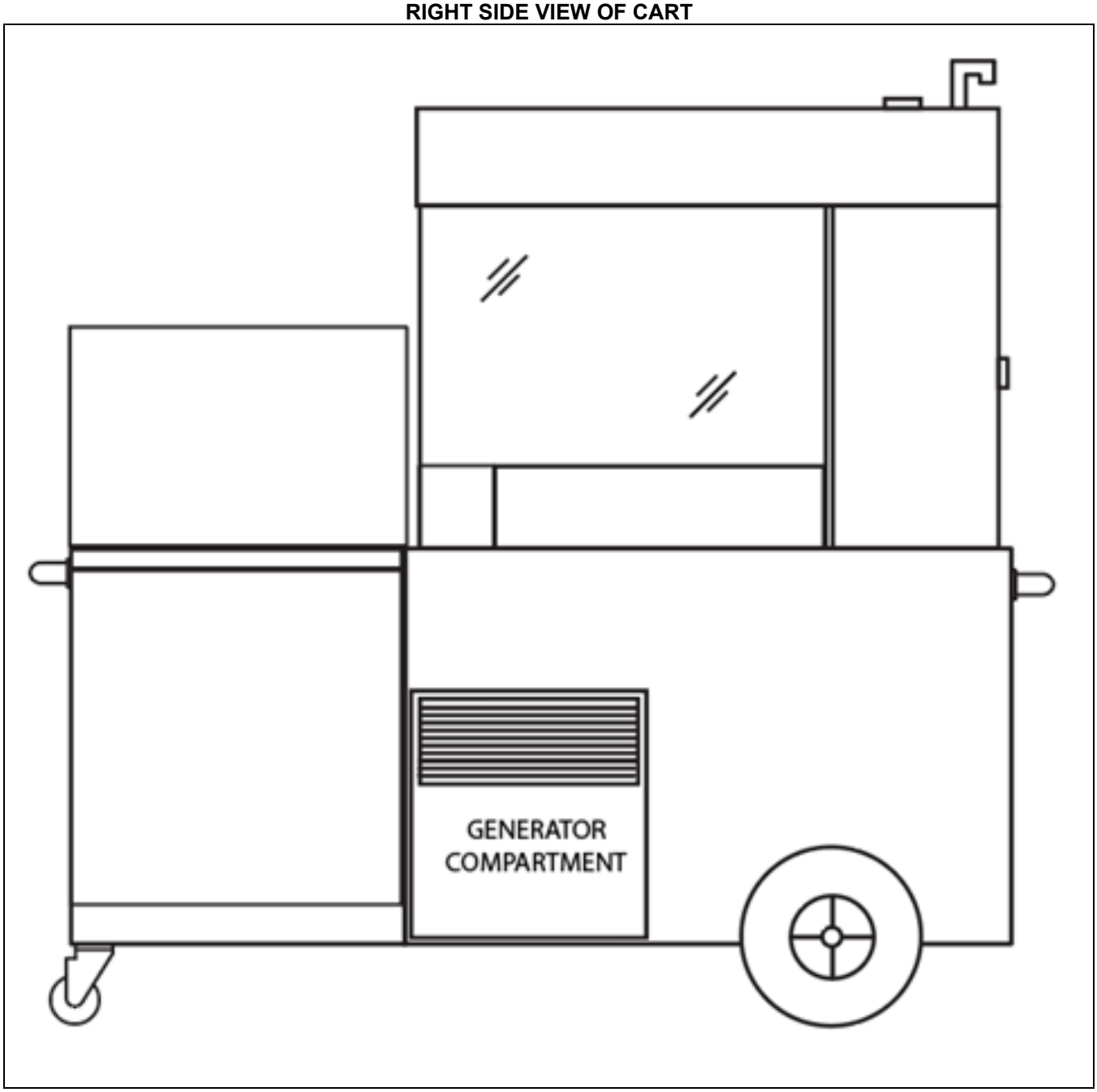
Compact Mobile Food Operations Un-Packaged Cart Illustrations

LEFT SIDE VIEW OF CART



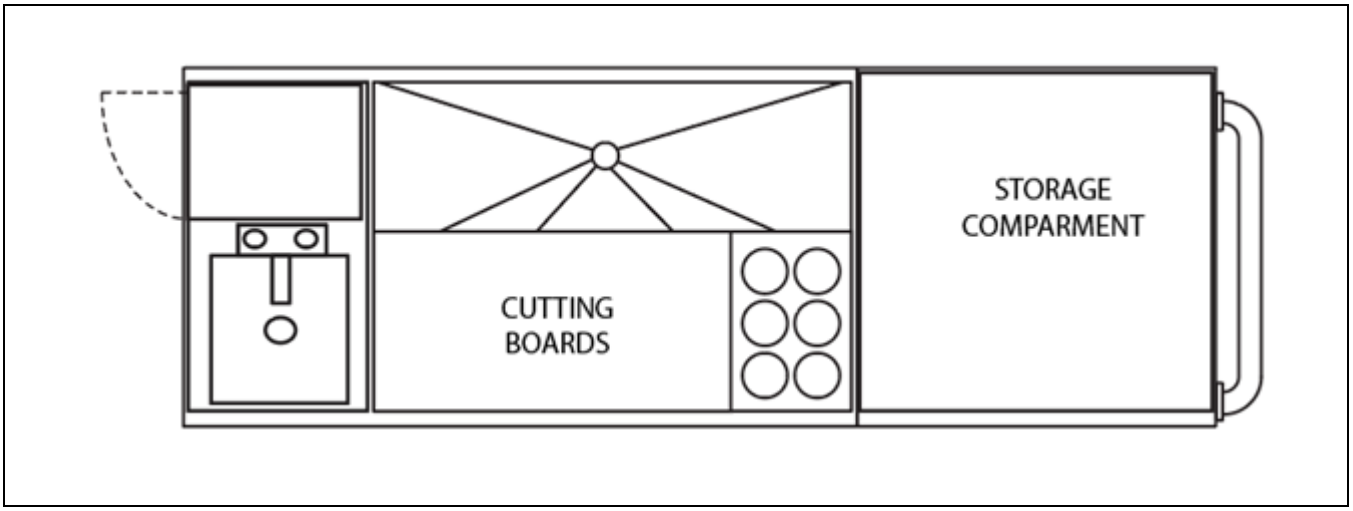
Compact Mobile Food Operations Un-Packaged Cart Illustrations

RIGHT SIDE VIEW OF CART

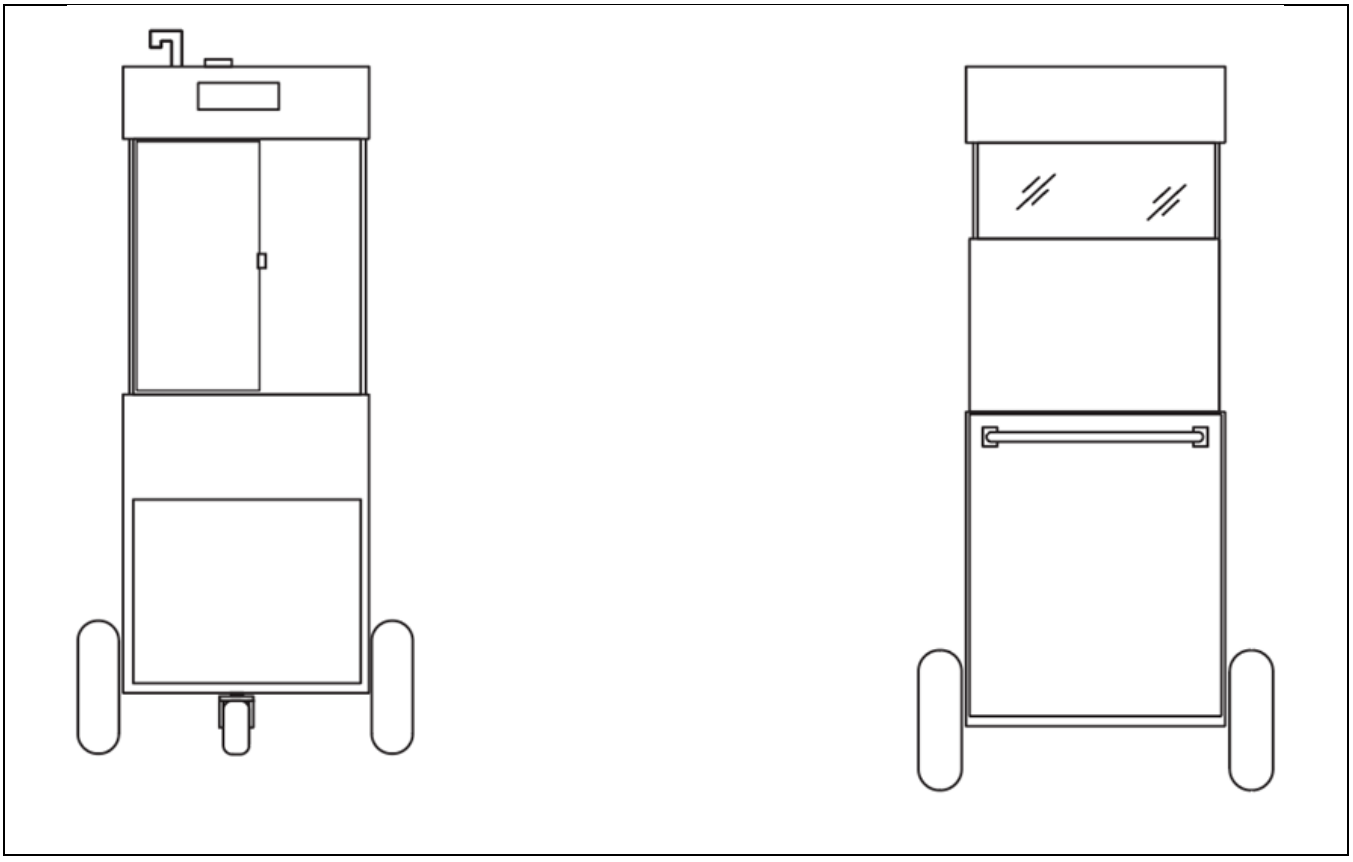


Compact Mobile Food Operations Un-Packaged Cart Illustrations

TOP SIDE VIEW OF CART



FRONT & REAR VIEW OF CART



Finishing Materials

Raw wood is not permitted to be used as exterior CMFO material.

Location/Equipment	Material
Exterior of CMFO	*Stainless Steel/Plexiglass*
Interior of CMFO	*Stainless Steel*
Food Storage Area	*Stainless Steel*
Food Preparation Compartment	*N/A*
Other:	*N/A*

Food Service Equipment

Equipment	Manufacturer	Model

POWER/GAS PLAN

Select all applicable options and fill in blanks for each one.

☐ DC Battery (Quantity ____) ☐ AC Battery (Quantity ____) ☐ Propane Tank (Pounds ____; Quantity ____)

DC Battery Requires Inverter

Compact Mobile Food Operation (CMFO) with Mechanical Refrigeration: Standard Operating Procedures (SOPs) Checklist for Fruit Cart with Cooler

Prior to Operating

- ☐ Verify the hand sink is working and the cart is not leaking
- ☐ Refill dispensers with liquid hand soap and paper towels
- ☐ Stock an adequate supply of clean and sanitized back-up utensils and cutting boards
- ☐ Wash all fruit in a food preparation sink at a commissary kitchen, permitted food facility, or other location approved by the Health Department
- ☐ Designate a drawer for clean utensils and a different drawer for soiled utensils

During Operation

- ☐ Wash hands with soap and water before beginning operation; after using the restroom, eating, or taking a break; and anytime hands become soiled
- ☐ Check refrigerator temperature every hour to ensure temperature is at or below 41°F to hold PHF
- ☐ PHF such as cut watermelon and cantaloupe must be kept in cooler only. It shall not be placed in ice bin section with non-potentially hazardous foods
- ☐ Change utensils (knives, cutting boards) every 4 hours or as needed
- ☐ Ice that has contact with cut fruit must be potable
- ☐ All individuals who store, cut, or serve the fruit must have a valid food handler card
- ☐ Do not store personal items (purse, wallet, jacket, sunglasses, keys) with food, food packaging, or utensils

Servicing and Storage

The Compact Mobile Food Operator must return the cart to a commissary kitchen, permitted food facility, microenterprise home kitchen, cottage food operation, or private home at the end of each operating day

- ☐ Clean the exterior of the cart with soap and water
- ☐ Wash, rinse, and sanitize all food contact surfaces and utensils
- ☐ Dump wastewater into a sink connected to the sewer system
- ☐ Refill the water tank using a potable water hose
- ☐ Store the cart overnight in a location protected from contamination
- ☐ The commissary and storage location must be approved or endorsed in advance by the Health Department