B

Application

Sidewalk to Success

Free Carts for Sidewalk Vendors

Part B – Ice Cream/Paleta Cart

CITY OF LONG BEACH

Cart Application Steps:

Part A: Business License Form & Readiness Checklist *(This Packet)*

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 in person.

- ☐ 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)*

- ☐ Fill out your Standard Operational Procedures – Page 2
- ☐ Fill out your Full Menu – Page 3
- ☐ Sign the signature acknowledgement page – Page 4
- ☐ Read and understand all aspects of your cart – Pages 5
- ☐ Once you are done filling out this packet, please submit the 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!
  - *Only prepackaged non-potentially hazardous foods and/or pre-packaged ice cream can be sold from this cart.*

Part C: Final Approval

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 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
   ☐ I will prepare my own sanitizer solution
6. Indicate location for disposal of trash and refuse.

Trash/Refuse Disposal at: _____
Street Address City State Zip Code

7. Only prepackaged non-potentially hazardous foods and/or pre-packaged ice cream can be sold from this cart.

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 Department of Health & Human Services, Bureau of Environmental Health. Your application for a cart is now being placed on a waitlist for purchase. If you do not live 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#:

Finishing Materials

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

Location/Equipment	Material
Exterior of CMFO	*Fiberglass*
Interior of CMFO	
Food Storage Area	*N/A*
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