



Mobile Food Facility Annual Location/License Update

Submit this form with Commissary Verification Form for each Mobile Food Facility by July 31st every Calendar Year

Update Year: 20_____

Registered Business Owner (listed on Business Registration): _____

Business Name (DBA) (Designate unit number if more than one): _____

Vehicle Identification Number (VIN), if applicable: _____

Business Account Number (SF Tax Collector): _____ Expiration Date: _____

License Certificate Number (Include H Classification): H7__ - _____ Expiration Date _____

If you have closed your business check this box and sign bottom of form.

I am no longer in operation – please close my permit.

Provide San Francisco street address(es) for times of operation*

Hours	Days						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

Registered operator/ owner signature: _____ Date: _____

*A current, approved DPW route schedule may be provided in lieu of the above chart