



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
 Division of Environmental Health
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VEHICLE DATA SHEET

Prior to the issuance of a food industry permit, the following information must be provided:

BUSINESS NAME: _____

OWNER: _____ Phone: _____

Mailing Address: _____

City: _____ State _____ ZIP _____

Type of Vehicle _____
 (catering truck, product truck, mobile food prep unit, etc.)

Make & model of vehicle: _____

Vehicle License Number: _____

Operator's name: _____
 (if different from owner)

Type of food operation (check appropriate boxes):

Produce Food Preparation Prepackaged Hot Foods Cold Foods

Type of refrigeration _____

Commissary location _____

Vehicle storage location _____
 (during non-business hours)

Business locations (during business hours). If more than one location is used, list *prominent* stops.

TIME _____ Address _____

TIME _____ Address _____

TIME _____ Address _____

Describe disposition of food at end of business hours:

