



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport 95453-9739
Telephone 707- 263-1164 Fax: 707-263-1681

Jonathan Portney
Health Services Director

Jennifer Baker
Deputy Health Services Director

Craig Wetherbee
Environmental Health Director

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:

