Placer County
Health and Human Services Department

Richard J. Burton, M.D., M.P.H.
Health Officer and Director

Wesley G. Nicks, R.E.H.S.
Director of Environmental Health,
Public Health and Animal Services

Perspective, Hope, and Opportunity

COMMISSARY VERIFICATION FORM for MOBILE FOOD FACILITIES (MFF) and MOBILE SUPPORT UNITS (MSU), AND CATERER
(to be completed by the commissary owner)

MFF CLASSIFICATION or CATERER: If MFF check one that applies

_____ **enclosed MFF (full food preparation)**

_____ **unenclosed MFF (limited food prep)**

_____ **unenclosed MFF (pre-packaged only)**

MFF/ CATERER OWNER:

Name _____ **Phone/Mobile**_____

Home Address _____

Location Address _____

DBA _____

License Plate Number _____**Vehicle Make/Model** _____

COMMISSARY OWNER:

Name _____ **Phone/Mobile** _____

Commissary DBA _____

Commissary Address _____

_____**Phone number** _____

Agency Issuing Permit for Commissary _____
(attach a copy of current health permit)

I hereby declare that _____@ _____,
(MFF DBA) **(Location Address)**
has my permission to use my approved commissary, _____,
(Commissary DBA)
@_____**for a period of** _____**months/years.**

My commissary is well maintained and in compliance with the requirements of California Retail Food Code and will provide the MFF's/ MSU's or Caterer; the following approved facilities/services (check the ones that apply):

_____ adequate facility for storage of food, utensils & other supplies

_____ adequate facility for storage of MFF or MSU at the end of the day or when not In use

_____ adequate facility for the sanitary disposal of garbage and liquid wastes

_____ adequate facility for food preparation

_____ adequate electrical outlets/electrical hook-ups for MFF's that require electrical service

_____ potable water for filling water tanks

_____ hot and cold water under pressure for cleaning and sanitizing

_____ NSF approved equipment

_____approved janitorial sink, toilet, utensil washing, and hand washing facilities with single service soap and paper towels in dispensers

_____maintain daily log sheet (check in/out) signed by commissary owner to verify MFF's daily use of facility. (MFF's must be able to provide receipts for use of commissary when requested by enforcement agency).

_____If commissary is not permitted by this office, provide a most recent facility Inspection report and copy of current health permit.

I, _____, Commissary owner, agree to notify Placer County Environmental Health @ 3091 County Center Drive, Auburn CA 95603 or call 530-745-2300 if the above mentioned MFF or CATERER has discontinued its commissary use or has not utilized this commissary for 5 consecutive days. I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this letter. I am aware that my Health Permit as commissary may be jeopardized if found to be in violation of this permit.

_____	_____	_____
Print name	**Signature**	**Date**

NOTE: Any permitted food facilities may be used as a commissary provided the above facilities are available for MFF's/ MSU's or Caterer's use. Contact REHS to verify if facility is adequate.