Placer County
Health and Human Services Department

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Perspective, Hope, and Opportunity

COMMISSARY VERIFICATION FORM for MOBILE FOOD FACILITIES (MFF) AND MOBILE SUPPORT UNITS (MSU)

(to be completed by the commissary owner)

MFF CLASSIFICATION: Check One

_____ enclosed MFF (full food preparation)

_____ unenclosed MFF (limited food prep)

_____ unenclosed MFF (pre-packaged only)

MFF 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 to service their MFF/MSU.

My commissary is well maintained and in compliance with the requirements of California Retail Food Code and will provide the MFF"s and MSU's 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 the Placer County Environmental Health @ 3091 County Center Drive, Auburn CA 95602 or call 530-745-2300 if the above mentioned MFF 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 and MSU's use. Contact REHS to verify if facility is adequate.