

Health and Human Services Department Placer County Environmental Health

COMMISSARY VERIFICATION FORM for MOBILE FOOD FACILITIES (MFF) and MOBILE SUPPORT UNITS (MSU), CATERER and SMALL PROCESSOR

(To be completed by the commissary owner, attach with your Food Permit Application)

MFF CLASSIFICATION, CATERER or SMALL PROCES	SSOR: (Check one that applies	s)
MFF (full food preparation)		
MFF (limited food preparation)		
MFF (pre-packaged only)		
Caterer		
Small Processor		
OWNER (MFF, Caterer, Small Processor) INFORMATION:		
Name	Phone/Mobile	
Home Address		
E-mail Address	Web Site:	
DBA		
License Plate Number	Vehicle Make/Model	
COMMISSARY OWNER:		
Name	Phone/Mobile	
Commissary DBA		
Commissary Address		
Commissary Contact	Phone number	
Agency Issuing Permit for Commissary(If out of County, please attach a copy of current health permit)		
I hereby declare that		
(MFF, Caterer, Small Processor Owner) has my permission to use my approved commissary,	(DBA)	
Located @	(Commissa for a period of	ary DBA) months/vears

My commissary is well maintained and in compliance with the requirements of California Retail Food Code and will provide the MFF's/MSU's, Caterer & Small Processor; 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 ____equipment are NSF approved (Walk-in coolers, freezers, etc...) 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, Caterer & Small Processor 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 from other county. _____, Commissary owner, agree to notify Placer County Environmental Health (PCEH) @ 3091 County Center Drive, Auburn CA 95603 or call 530-745-2300 if the above mentioned MFF, MSU, CATERER or SMALL PROCESSOR has discontinued its commissary use or has not utilized this commissary per operational requirements. 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 (Inspector) to verify if facility is adequate for your operation. **BELOW IS FOR OFFICIAL USE ONLY:**

Current Inspection Report Available: YES or NO

Date: _____

Current Health Permit Available: YES or NO

Approved By REHS: _____