



# Placer County Health and Human Services Department

Jeffrey S. Brown, M.P.H., M.S.W.  
Department Director

Wesley G. Nicks, R.E.H.S.  
Environmental Health, Director

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

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

**MFF/MSU CLASSIFICATION or CATERER:** (Check one that applies)

- MFF (full food preparation)
- MFF (limited food preparation)
- MFF (pre-packaged only)
- MSU
- Caterer

OWNER (MFF, MSU, Caterer) 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, MSU, Caterer Owner) (DBA)

has my permission to use my approved commissary, \_\_\_\_\_,  
(Commissary DBA)

Located @ \_\_\_\_\_ for a period of \_\_\_\_\_ months/years.

Perspective, Hope, and Opportunity

**My commissary is well maintained and in compliance with the requirements of California Retail Food Code and will provide the MFF's/ MSU's and 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
- \_\_\_\_\_ 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/MSU's and Caterer 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.**

I, \_\_\_\_\_, 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, or CATERER 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 Health Permit Available: YES or NO***

***Current Inspection Report Available: YES or NO***

Approved By REHS: \_\_\_\_\_

Date: \_\_\_\_\_