



SECTION D

Department of Health and Human Services, Environmental Health Division
Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

COMMISSARY VERIFICATION

for MOBILE FOOD FACILITY(MFF), MOBILE SUPPORT UNIT (MSU) and CATERER

MFF/MSU/CATERER DETAILS: (Check all that apply)

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

I certify that my MFF/MSU/Catering operation will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted below) (Cal Code Section 114297). I will store the vehicle and/or equipment at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify Environmental Health and obtain a current permit to operate.

MFF/MSU/Caterer Owner Name Printed: Business Name:

MFF/MSU/Caterer Owner Signature: Date:

COMMISSARY DETAILS: To be completed by commissary representative.

Type of Facility: Commissary Restaurant Market Other

Business Name: Business Phone:

Owner Name: Owner Phone:

Business Address:

Business Contact Name: Contact Phone:

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 name)

My commissary is well maintained and in compliance with the requirements of Cal Code and will provide the MFF/MSU/Caterer the following approved facilities and services: (check all that apply)

- Storage of food, utensils & other supplies
Hot/cold water under pressure for cleaning and sanitizing
Storage of MFF or MSU when not in use
Potable water for filling water tanks
Sanitary disposal of garbage and liquid wastes
Equipment is NSF approved (walk-in coolers, freezers, etc)
Electrical outlets/ hook-ups (when required)
Space for sanitary food preparation
Janitorial sink, restroom, 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/MSU/ Caterer daily use of facility. (MFF/MSU/Caterer must be able to provide records of use of commissary when requested).

I, commissary owner, agree to notify Placer County Environmental Health if the above mentioned MFF/MSU/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 food facility and abide by the contents of this letter. I am aware that my Food Facility Health Permit as a commissary may be jeopardized if found to be in violation of this permit application.

Commissary Owner Name Printed:

Commissary Owner Signature: Date:

For Office Use Only Current health permit available? Yes No Current inspection report available? Yes No
Approved Denied REHS: Date