



Placer County Health and Human Services Department

SECTION D

COMMISSARY VERIFICATION FORM for MOBILE FOOD FACILITY (MFF), MOBILE SUPPORT UNIT (MSU), and CATERER (Attach original with your Food Facility Health Permit Application)

MFF/MSU CLASSIFICATION or CATERER: (check all that apply)

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

OWNER (MFF/MSU/CATERER) INFORMATION:

Name: _____ Business Name: _____

*I, the above-mentioned MFF/MSU/Caterer Owner 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.***

Signature of (MFF/ MSU/Caterer) Owner

Date

COMMISSARY INFORMATION: (to be completed by commissary representative)

Type of Facility: Commissary Restaurant Market Other _____

Commissary Business Name: _____ Phone/Mobile: _____

Commissary Owner Name: _____

Commissary Address: _____ City: _____ Zip: _____

Commissary Contact Name: _____ 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 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
- Storage of MFF or MSU at the end of the day or when not in use
- Sanitary disposal of garbage and liquid wastes
- Electrical outlets/ hook-ups for MFF's that require electrical service
- 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 by enforcement agency).
- Hot and cold water under pressure for cleaning and sanitizing
- Potable water for filling water tanks
- Equipment are NSF approved (walk-in coolers, freezers, etc...)
- Space for sanitary food preparation

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.

Print name

Signature

Date

OFFICIAL USE ONLY:

Current Health Permit Available: YES or NO

Current Inspection Report Available: YES or NO

Approved Denied

REHS: _____

Date: _____