

Environmental Health Division COMMISSARY AGREEMENT



This form is to be submitted with the application for a Mobile Food Facility permit, or any other food facility that is required to operate from a commissary. California State Law requires that foods sold or given away to the public be prepared and stored in an approved facility. Mobile Food Facility vehicles or carts must be serviced and stored at their commissary, except when an alternate location has been approved by the permitting agency. *Note: Food products remaining after each days operation are to be stored only in the approved commissary. Storage locations will be designated and labeled for exclusive use and the commissary is to maintain a log of when vendor uses commissary.*

THIS FORM IS TO BE COMPLETED BY THE OWNER OR MANAGER OF THE APPROVED FOOD FACILITY THAT THE APPLI-CATANT PLANS TO USE AS THEIR COMMISSARY. No other facility may be used by this business for these operations without the written approval of Mendocino County Environmental Health.

Name of Business Applying for Permit:														
Name of Approved Food Facility/Commissary:														
Commissary Address:							City:				Zip:			
	0	JT OF C		OMMISSA	RY									
Commissary Owner/Manager:							Facility Phone Number:							
Hea	alth Permit	for th	e Appro	oved Foc	d Facili	ty/Comn	nissary Is	ssued By	/:					
Days and hours that the facility will be at the commissary:														
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	am p	om	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
	pm a	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am
 Sufficient Refrigerator Storage Utensil Storage Food Preparation Space Washing of Utensils and Equipment Ot Sanitary Wastewater Disposal Methor 						_ Sufficie _ Vehicle _ Sanitar _ Other _ ethod:	cle/Cart Storage tary Disposal of Grease er : Mop Sink RV Type Sewaą				ge Dump			
As the authorized owner/agent for the above approved commissary, I have given my permission for the business known as:														
	ultimately responsible for the maintenance and sanitation of this commissary.													
Agreement Duration: Start Date: End Date:														
Name:					Signature:					Date:				
	Ov	vner	0	wner's Ag	gent									
	DTE: A new mmissary is		, ,	greement	is requi	red to be	submitte	ed when	any chan	-	_		-	-
Uki	ah Office:	860 I	N Bush	Street						Fo	rt Bragg	g Office:	: 120 W	Fir Street

Ph: 707-234-6625