

## Commissary Verification Form for Mobile Food Facilities (MFF) and Mobile Support Unit (MSU)

To be completed by the Commissary Owner

Classification of MFF; (check one)   MFF 1   MFF 2   MFF 3   MFF 4   MFF 5  1. MFF Owner  Name(s):   Mobile Phone #:    Home Address:   Alternate Phone #:    Business Location Address:   Wehicle Make/Model:    2. Commissary Owner  Name(s):   Phone #:   Mobile #:    Commissary DBA (food prep/cooking):   Phone #:   Mobile #:    Commissary, DBA (food prep/cooking):   Phone #:   Phone #:    Commissary Owner   Phone #:   Phone #:    Address:   Phone #:   Phone #:    Commissary DBA (parking):   Phone #:    Address:   Phone #:   Phone #:    Agency Issuing Permit to Operate for Commissary;   Phone #:    Agency Issuing Permit to Operate for Commissary;   Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Agency Issuing Permit to Operate for Commissary;   Alternate Phone #:    Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use    Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use    Adequate facility for storage of food, utensils, equipment and other supplies    Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep    Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep    Adequate facility for food preparation for						Date:	
Name(s):	Classification	of MFF: (check one	) □ MFF 1	$\square$ MFF 2	☐ MFF 3	$\square$ MFF 4	☐ MFF 5
Home Address:	1. MFF Owne	er					
Business Location Address:  DBA:  License Plate #:  Vehicle Make/Model:  2. Commissary Owner  Name(s):  Commissary, DBA (food prep/cooking):  Commissary, DBA (food prep/cooking):  Commissary, DBA (parking):  Commisary, DBA (parking):  Commisary, DBA (parking):  Commisary, DBA (parking):  Address:  Agency Issuing Permit to Operate for Commissary;  I hereby declare that  MFF DBA  Business Location Address  has my permission to use my approved commissary,  Commissary DBA  for a period of months to service their MFF, MSU or Vending Machine.  Commissary Address  My commissary or permitted kitchen is well maintained and in compliance with the requirements of CAL CODE and will provide MFFs and MSUs the following approved facilities/services (check all that apply):  Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use  Adequate facility for storage of food, utensils, equipment and other supplies  Adequate facility for sonitary disposal of garbage, refuse and liquid wastes  Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep  Adequate electrical outlets and electrical hook-ups for MFFs that require electrical service  Potable water for filling water tanks  Hot and cold water under pressure for cleaning MFFs and MSUs	Name(s):	ne(s): Mobile Phone #:					
DBA:	Home Addre	ss:			Alt	ternate Phone #:	
License Plate #: Vehicle Make/Model:  2. Commissary Owner Name(s): Phone #: Mobile #:  Commissary 1 DBA (food prep/cooking): Commissary 2 DBA (food prep/cooking): Commissary 2 DBA (port prep/cooking): Agency Issuing Permit to Operate for Commissary 2: I hereby declare that at	Business Loca	ation Address:					
2. Commissary Dwner  Name(s):	DBA:						
Name(s):	License Plate	#:		Vehicle M	ake/Model:		
Commissary 1 DBA (food prep/cooking):  Commissary 2 DBA (parking):  Commisary 2  Address:  Agency Issuing Permit to Operate for Commissary 1:  Agency Issuing Permit to Operate for Commissary 2:  I hereby declare that  Agency Issuing Permit to Operate for Commissary 3:  I hereby declare that  Agency Issuing Permit to Operate for Commissary 4:  Agency Issuing Permit to Operate for Commissary 5:  I hereby declare that  Agency Issuing Permit to Operate for Commissary 6:  Agency Issuing Permit to Operate for Commissary 7:  Agency Issuing Permit to Operate for Commissary 7:  Agency Issuing Permit to Operate for Commissary 9:  Adequate Subject of Operation of MFF 1:  Adequate Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use  Adequate facility for storage of food, utensils, equipment and other supplies  Adequate facility for sanitary disposal of garbage, refuse and liquid wastes  Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep  Adequate electrical outlets and electrical hook-ups for MFFs that require electrical service  Potable water for filling water tanks  Hot and cold water under pressure for cleaning MFFs and MSUs	2. Commissa	ry Owner					
Commissary: Address:  Commisary2 DBA (parking):  Commisary2 Address:  Agency Issuing Permit to Operate for Commissary2: I hereby declare that  Aff DBA  Agency Issuing Permit to Operate for Commissary,  I hereby declare that  Aff DBA  Agency Issuing Permit to Operate for Commissary,  I hereby declare that  Agency Issuing Permit to Operate for Commissary,  Agency Issuing Permit to Operate for Commissary at Commissary DBA  Business Location Address  Agency Issuing Permit to Operate for Commissary,  Aderess  Agency Issuing Permit to Operate for Commissary,  And Business Location Address  My commissary DBA  For a period of Months to service their MFF, MSU or Vending Machine.  Commissary Address  My commissary or permitted kitchen is well maintained and in compliance with the requirements of CAL CODE and will provide MFFs and MSUs the following approved facilities/services (check all that apply):  Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use  Adequate facility for storage of food, utensils, equipment and other supplies  Adequate facility for sanitary disposal of garbage, refuse and liquid wastes  Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep  Adequate electrical outlets and electrical hook-ups for MFFs that require electrical service  Potable water for filling water tanks  Hot and cold water under pressure for cleaning MFFs and MSUs	Name(s):			Phone #	:	Mobile #:	
Address: Phone #:  Commisary2 DBA (parking):  Commisary2 Address: Phone #:  Agency Issuing Permit to Operate for Commissary2: Phone #:  Agency Issuing Permit to Operate for Commissary2: Phone #:  Agency Issuing Permit to Operate for Commissary2: Phone #:  Agency Issuing Permit to Operate for Commissary2: Address:  I hereby declare that at MFF DBA Business Location Address has my permission to use my approved commissary, Commissary DBA  for a period of months to service their MFF, MSU or Vending Machine.  Commissary Address  My commissary or permitted kitchen is well maintained and in compliance with the requirements of CAL CODE and will provide MFFs and MSUs the following approved facilities/services (check all that apply):  Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use  Adequate facility for sorage of food, utensils, equipment and other supplies  Adequate facility for sanitary disposal of garbage, refuse and liquid wastes  Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep  Adequate electrical outlets and electrical hook-ups for MFFs that require electrical service  Potable water for filling water tanks  Hot and cold water under pressure for cleaning MFFs and MSUs	Commissary	DBA (food prep/cod	oking):				
Commisary2 DBA (parking): Commisary2 Address: Agency Issuing Permit to Operate for Commissary1: Agency Issuing Permit to Operate for Commissary2: I hereby declare that AFF DBA Business Location Address has my permission to use my approved commissary,  for a period of Months to service their MFF, MSU or Vending Machine.  Commissary Address  My commissary or permitted kitchen is well maintained and in compliance with the requirements of CAL CODE and will provide MFFs and MSUs the following approved facilities/services (check all that apply):  Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use Adequate facility for storage of food, utensils, equipment and other supplies Adequate facility for soon applies and adequate facility for soon applies and adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep Adequate electrical outlets and electrical hook-ups for MFFs that require electrical service Potable water for filling water tanks Hot and cold water under pressure for cleaning MFFs and MSUs	•					Dl II	
(parking): Commisary2 Address: Agency Issuing Permit to Operate for Commissary1: Agency Issuing Permit to Operate for Commissary2: I hereby declare that  MFF DBA Business Location Address has my permission to use my approved commissary,  for a period of  Commissary DBA  for a period of  months to service their MFF, MSU or Vending Machine.  Commissary Address  My commissary or permitted kitchen is well maintained and in compliance with the requirements of CAL CODE and will provide MFFs and MSUs the following approved facilities/services (check all that apply):  Adequate facility for storage of MFFs and MSUs at the end of the day or when not in use  Adequate facility for storage of food, utensils, equipment and other supplies  Adequate facility for sanitary disposal of garbage, refuse and liquid wastes  Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep  Adequate electrical outlets and electrical hook-ups for MFFs that require electrical service  Potable water for filling water tanks  Hot and cold water under pressure for cleaning MFFs and MSUs						Phone #:	
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<ul> <li>□ Potable water for filling water tanks</li> <li>□ Hot and cold water under pressure for cleaning MFFs and MSUs</li> </ul>	☐ Adequ	Adequate facility for food preparation for MFFs that conduct limited food preparation/full food prep					
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☐ Hot and cold water under pressure for cleaning MFFs and MSUs	□ Potab						
		Hot and cold water under pressure for cleaning MFFs and MSUs					
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	liquid soap dispensers	ensii wasning and nand wasning faciliti	les with wall mounted paper towel and				
	MFF applicant to provide this office a copy of commissary's health permit most recent facility heath inspection report and name, contact number and email address of Health Inspector inspecting the commissary prior to issuance of MFF health permit (this is required if commissary is not permitted by San Francisco Department of Public Health, Environmental Health).						
the ab	n, Environmental Health Section at 13 ove mentioned MFF has discontinue cutive days. I certify under penalty onts of this document. I am aware that	commissary Owner, agree to notify the 390 Market Street, Suite 210, San Fran ed its commissary use or has not utilize f perjury that I am the legal owner/op at my Health Permit may be jeopardize	ncisco, CA 94102 or call (415) 252-3825 if ed this commissary for five (5) erator of this facility and abide by the				
Comi	missary Owner (Print Name)	Signature	Date				
		rket Street, Suite 210, San Francisco, Commissary.	Francisco Department of Public Health, A 94102 or call (415) 252-3825, if either				
MFF	Applicant (Print Name)	Signature	Date				
	For De	partment of Public Health Office Use	Only				
Speci	al application or facility notes:						



Revised: 07/2013

## **Restroom Verification Form for Mobile Food Facilities (MFF)**

Anytime a MFF is parked in one location for more than one (1) hour, an approved restroom facility must be available for employee's use within 200 feet travel distance from MFF site.

MFF Owner			
Name(s):	Date:		
Home Address :		Phone #:	
Business Location Address:		Mobile #:	
License Plate #:	Vehicle Make/Model:		
Describe where MFF is parked and typical	hours of operation:		
Restroom Facility Owner			
Name:	Company		
Address:	Phone #:	Mobile #:	
, owner of the	e restroom facility located at	,	
grant full permission to the above mentio understand that the facility shall be maint soap at all times.	·	_	
I, The, MFF Ow	ner, has provided the San Francisco Dep	partment of Public Health,	
Environmental Health, the above restroor	m facility for the use of my employees w	vith a measured distance ofFt.	
To the MFF business location.			
Restroom Facility Owner (Print Name)	Signature	Date	
nestroom radiity owner (Filme Name)	o,g.i.atare	Jule	
MFF Applicant (Print Name)	Signature	Date	
For Dep	partment of Public Health Office Use O	nly	
Special Application or facility notes:			

Mobile Food Facility Inspection Program



Revised: 06/2012

## **Private Property Owner Verification Form for Mobile Food Facilities (MFF)**

To be signed by private property owner.

MFF Owner						
Name(s):						
Home Address :						
Location Address:						
DBA:	Phone #:	Mobile #:				
Private Property Owner						
Name:	Phone #:	Mobile #:				
Company:	Phone #:	Mobile #:				
Duo no utra Adduo oo						
l,	, owner of the property at					
	, owner o					
•	o occupy, use and park his/her MFF at the abo tify the San Francisco Department of Public He					
	use arrangement for said property location h					
		as changes of commutes.				
Property Owner (Print Name)	Signature	Date				
	For Deventment of Bublic Health Office Health	. Ol				
	For Department of Public Health Office Use	Only				
Special Application or facility not	res:					