

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

To be completed by the Commissary Owner

Date: _____

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: _____

DBA: _____

License Plate #: _____ Vehicle Make/Model: _____

2. Commissary Owner

Name(s): _____ Phone #: _____ Mobile #: _____

Commissary₁ DBA (food prep/cooking): _____

Commissary₁ Address: _____ Phone #: _____

Commissary₂ DBA (parking): _____

Commissary₂ Address: _____ Phone #: _____

Agency Issuing Permit to Operate for Commissary₁: _____ Phone #: _____

Agency Issuing Permit to Operate for Commissary₂: _____

I hereby declare that _____ at _____

MFF DBA

Business Location Address

has my permission to use my approved commissary, _____ at _____

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
- ☐ NSF approved equipment

- ☐ Approved janitorial sink, toilet, utensil washing and hand washing facilities with wall mounted paper towel and liquid soap dispensers
- ☐ MFF applicant to provide this office a copy of commissary's health permit most recent facility health 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).

I, _____, Commissary Owner, agree to notify the San Francisco Department of Public Health, Environmental Health Section at 1390 Market Street, Suite 210, San Francisco, CA 94102 or call (415) 252-3825 if the above mentioned MFF has discontinued its commissary use or has not utilized this commissary for five (5) consecutive days. I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Health Permit may be jeopardized if found to be in violation of this agreement.

Commissary Owner (Print Name)

Signature

Date

I, _____, MFF applicant, agree to notify the San Francisco Department of Public Health, Environmental Health Section at 1390 Market Street, Suite 210, San Francisco, CA 94102 or call (415) 252-3825, if either (or both) of the following occurs:

- a) If I stop using the above commissary.
- b) If I start using another commissary.

MFF Applicant (Print Name)

Signature

Date

For Department of Public Health Office Use Only

Special application or facility notes:

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 #: _____

I, _____, owner of the restroom facility located at _____,

grant full permission to the above mentioned MFF to use said restroom facility during MFF's business hours. I understand that the facility shall be maintained clean and sanitary with adequate supplies of paper towel and liquid soap at all times.

I, _____ The, MFF Owner, has provided the San Francisco Department of Public Health, Environmental Health, the above restroom facility for the use of my employees with a measured distance of _____ Ft. To the MFF business location.

Restroom Facility Owner (Print Name)	Signature	Date
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MFF Applicant (Print Name)	Signature	Date
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For Department of Public Health Office Use Only

Special Application or facility notes:

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 #: _____

Property Address: _____

I, _____, owner of the property at _____
grant permission to Mr/Ms _____, owner of MFF, doing business as _____
_____ to occupy, use and park his/her MFF at the above mentioned location to do his/her
food business. I also agree to notify the San Francisco Department of Public Health, Environmental Health Section at
415-252-3825 immediately if the use arrangement for said property location has changed or terminated.

Property Owner (Print Name)

Signature

Date

For Department of Public Health Office Use Only

Special Application or facility notes:

