



Commissary Verification Form for Mobile Food Facilities (MFFs) and Mobile Support Units (MSUs)

Classification of MFF:	<input type="checkbox"/> MFF 1	<input type="checkbox"/> MFF 2	<input type="checkbox"/> MFF 3	<input type="checkbox"/> MFF 4	<input type="checkbox"/> MFF 5	<input type="checkbox"/> MSU
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Mobile Food Facility Business Owner to Complete This Section	
DBA	Operating Location(s)
Registered Owner Name(s)	Owner Address
Business Phone	Mobile Phone
License Plate Number	Vehicle Make/Model

By signing below, I agree under penalty of perjury that I will report to this commissary with my MFF at least once each operating day for the use of the facilities and/or services which I have indicated below. I understand that the use of personal or other unpermitted vehicle to transport foods to my MFF is prohibited.

I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 1390 Market Street, Suite 210, San Francisco, CA 94102, immediately if I move to a new commissary or otherwise stop operating at this commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit.

Registered Owner/Officer Printed Name	Registered owner Signature	Date

Commissary Owner	MFF Owner/Applicant
Select each facility/service you provide MFF owner/applicant at this commissary	Initial the lines below to indicate, under penalty of perjury, the service(s)/operation(s) you will utilize/conduct exclusively at this commissary
<input type="checkbox"/> Space for onsite storage of this MFF/MSU at all times it is not conducting business	_____
<input type="checkbox"/> Adequate and protected space to store food, utensils, equipment and other supplies	_____
<input type="checkbox"/> Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes	_____
<input type="checkbox"/> Adequate and approved space for food preparation	_____
<input type="checkbox"/> Dedicated electrical outlets and hook-ups for MFFs that require electrical service	_____
<input type="checkbox"/> Potable water with quick disconnect features for filling water supply tanks	_____
<input type="checkbox"/> Hot and cold water under pressure and approved drainage for cleaning MFF/MSU	_____
<input type="checkbox"/> NSF approved equipment for food prep, cleaning, and storage of supplies	_____
<input type="checkbox"/> Approved janitorial sink, toilet, utensil washing and hand washing facilities with wall mounted paper towel and liquid soap dispensers	_____
<p>*The MFF applicant must provide a copy of this commissary's health permit and most recent facility health inspection report with this document if the commissary is not permitted by San Francisco Department of Public Health, Environmental Health).</p>	

To Be Completed By Commissary Owner		
Commissary DBA		Commissary Address
Commissary Owner Name(s)		Commissary Owner Business Phone Number
Commissary Owner Alternative Phone Number		Agency Issuing Permit to Operate Commissary
<p>I hereby declare that _____, at _____ has my permission to use MFF Business Name MFF Operating Location</p> <p>my approved commissary, _____, at _____ Commissary DBA Commissary Address</p> <p>for a period of _____ months to service their Mobile Food Facility or Mobile Support Unit.</p> <p>I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code.</p> <p>I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at 1390 Market Street, Suite 210, San Francisco, CA 94102 if this agreement is terminated or if this MFF has not utilized my commissary for five (5) consecutive days.</p> <p>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.</p>		
Commissary Owner (Print Name)	Signature	Date

Out of County Commissary/ Approved Facility Authorization by Regulatory Agency		
<p>If commissary establishment is outside of San Francisco, the local environmental health jurisdiction must certify the current commissary health permit by signing below. The commissary is in _____ County and meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.</p>		
REHS (Print Name)	Signature	Date

For Department of Public Health Use Only
<p>Special application or facility notes:</p>



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH BRANCH
Consumer Protection

London N. Breed, Mayor
Barbara A. Garcia, MPA, Director of Health
Stephanie K.J. Cushing, MSPH, CHMM, REHS
Environmental Health Director

Private Property Owner Verification Form for Mobile Food Facilities (MFFs)

		Date:	
To Be Completed by MFF Owner			
Business Name:			
Registered Owner Address:			
Owner Email Address:		Business Phone Number:	
Property Address:		Mobile Phone Number:	
Days and Times Operating at This Address:			
MFF License Plate #:		Vehicle Make & Model:	

To Be Completed by Private Property Owner/Manager	
Business Name:	Property Owner/Manager Address:
Property Owner/Manager Email Address:	Property Owner/Manager Phone Number:
Designated Signee Name	Designated Signee Association with Property (owner, tenant, manager, etc.)

I, _____, owner/manager of the property located at _____
certify under penalty of perjury the following:
I have granted full permission to _____, owner of the Mobile Food Facility doing
business as _____ to occupy and conduct business by vending foods
from their MFF at the above mentioned property.
I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at (415)252-3800
immediately if this agreement is changed or terminated.

Property Owner/Manager (Print Name)

Signature

Date

MFF Owner/Applicant (Print Name)

Signature

Date

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Restroom Verification Form for Mobile Food Facilities (MFF)

		Date:	
To Be Completed by MFF Owner			
Business Name:			
Registered Owner Address:			
Owner Email Address		Business Phone Number:	
MFF Operating Address Associated With This Restroom		Mobile Phone Number:	
Days and Times Operating at This Address			
<p>I, _____, owner of this MFF business, declare under penalty of perjury the following:</p> <p>This restroom facility is available for use by myself and my employees. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be so at all times. I further agree to notify the Department of Public Health, Environmental Health Branch immediately if this agreement is terminated for any reason.</p> <p>I certify that this restroom facility is within a travel distance of _____ feet of my mobile food facility.</p>			

To Be Completed by Restroom Facility Owner/Manager	
Business Name:	Restroom Address:
Registered Owner Email Address:	Mobile Phone Number:
Signee Name	Signee Role in the Business
<p>I, _____, manager of the restroom facility located at _____</p> <p>certify under penalty of perjury the following:</p> <p>I have granted full permission to the above mentioned MFF owner and employees to use my restroom facility during the MFF hours of operation. I understand and certify that the restroom has warm water, is maintained clean and sanitary, and stocked with paper towels and liquid hand soap and shall be maintained in this condition at all times. I agree to notify the San Francisco Department of Public Health, Environmental Health Branch if this agreement is terminated for any reason.</p>	

Restroom Facility Owner/Manager (Print Name)

Signature

Date

MFF Owner/Applicant (Print Name)

Signature

Date

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Special Application or facility notes:



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Written Operational Procedure for Mobile Food Facilities (MFF)

The Environmental Health section shall review and approve the operating procedure prior to the approval of permit application. An approved copy must be kept on MFF during hours of operation. Any change to the procedure, the menu and equipment will require approval by this office (please attach copy of menu).

Registered Owner Name(s): _____ Business Phone: _____

Location Address: _____ Mobile Phone: _____

Registered DBA: _____ Days & Hours of Operation: _____

List each food item to be served		Source of food item	Where will the item be prepared?	Describe method of food preparation (Use additional paper if necessary)
Prepackaged Foods	Unpackaged Foods			

How and where will potable water tank be filled? Provide a list of equipment to be used

How and where will waste water tank be emptied? Provide a list of equipment to be used (open buckets may not be used).

How and where will potable water tank and waste tank be cleaned and sanitized? _____

Which restroom facility will be used during hours of operation? _____

List all equipment and utensils that will be used on the MFF. Please be specific. (For example, condiment dispenser – indicate type (*pump, squeeze bottle, pour, etc.*); microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)

How will you clean and sanitize food contact surfaces and utensils during operating hours?

How will you clean and sanitize utensils and equipment at the commissary? _____

What specific sanitizer or sanitizing method will you use? Indicate if using a commercial, pre-mixed solution or preparing own sanitizer? (check sanitizer to use below)

- ☐ 1. Chlorine @ 100 parts per million (ppm) must contact items for at least 30 seconds.
- ☐ 2. Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute.
- ☐ 3. Iodine @ 25 ppm must contact items for at least one (1) minute.

At what address, and how, will you clean the interior and exterior of the vehicle? _____

List all San Francisco operating locations and DPW approved operating sites. Include days and times of operation.

Describe how you will reheat and/or maintain foods hot within the Mobile Food Facility

Where will your Mobile Food Facility be stored during non-operating times?

Describe when and how you will clean and maintain your sites of operation

MFF Owner (Print Name)

Signature

Date

For Department of Public Health Office Use Only

Reviewed by: Health Inspector (Print Name)

Signature

Approved on (Date)