



Public Health Services
Environmental Health
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OUT-OF-COUNTY MOBILE FOOD FACILITY COMMISSARY AGREEMENT LETTER

For facilities located OUTSIDE Orange County

| | | |
|-------------------------------------|--|--|
| Type of Mobile Food Facility (MFF): | <input type="checkbox"/> Pre-packaged Food | <input type="checkbox"/> Unpackaged Food |
| Name of Business (DBA) | Business Phone | |
| Mailing Address | City | Zip |
| Driver's License # | License Plate # | Make |
| Commissary Name | Commissary Phone | |
| Commissary Address | City | Zip |

The commissary provides the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Parking; Space #: _____ | <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Frozen Food Storage |
| <input type="checkbox"/> Dry/ Bulk Storage | <input type="checkbox"/> Hot 120°F & Cold Water | <input type="checkbox"/> Wash Down Area |
| <input type="checkbox"/> Utensil Wash Area | <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Icehouse |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Trash | <input type="checkbox"/> Grease Receptacles |
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Protected Water Source for Each Mobile Unit | |
| <input type="checkbox"/> Food Prep Area & Prep Sink | <input type="checkbox"/> Other service(s) not listed: _____ | |

(MFF Owner) of _____ (MFF DBA) _____
is authorized to use this Commissary for the above-mentioned service(s) pursuant to California Retail Food Code, Chapter 10. I will notify Orange County Environmental Health in writing and within 30 days of the termination of this agreement and/or when the mobile food facility no longer utilizes my facility as required.

Commissary Owner Name _____

Signature _____ Date _____

By signing below, the local Environmental Health Department is verifying that this commissary and/or kitchen has a current health permit and that this MFF Operator is in good standing and currently parks at this Commissary. This Commissary is in _____ County. The Commissary indicated in this document meets applicable sections of California Retail Food Code, Chapter 10. The checked items listed above are available at the proposed facility.

| | |
|----------------------------------|-------|
| REHS Name and Title | Phone |
| REHS Signature | Date |
| Commissary Permit Record # _____ | |

This agreement must be updated and submitted annually with permit renewal or upon change in commissary location

| | | | |
|-----------------|-----------|---------------|-------------------|
| Office Use Only | PR# _____ | MFF DBA _____ | Approved by _____ |
|-----------------|-----------|---------------|-------------------|