

# BUCKS COUNTY DEPARTMENT OF HEALTH

## MOBILE FOOD UNIT/CART - COMMISSARY VERIFICATION

### PART 1. MUST BE COMPLETED BY MOBILE FOOD UNIT/CART APPLICANT

Name of Mobile Food Unit/Cart \_\_\_\_\_

Mobile Food Unit/Cart ID # \_\_\_\_\_ Certified Food Safety Manager \_\_\_\_\_

Mobile Food Unit/Cart Sticker # \_\_\_\_\_ Certificate # of Certified Food Safety Manager \_\_\_\_\_

| Mobile Unit or Cart # | Make of Unit/Cart | Year | Manufacturer's<br>Serial # | Registration<br>(License Plate #.) |
|-----------------------|-------------------|------|----------------------------|------------------------------------|
|                       |                   |      |                            |                                    |

Municipality in which majority of sales occur: \_\_\_\_\_  
Township/Borough in Bucks County

Name and Address of Commissary used: \_\_\_\_\_  
Name                      Address

Township/Borough                      State                      Zip                      Phone #                      ID# of Commissary (If in Bucks County)

- Do you operate from the above commissary daily for all food, water, and supplies?                      Yes ☐                      No ☐
- Do you report back to the above commissary at days end for all cleaning, servicing operations, and waste disposal?                      Yes ☐                      No ☐

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

**If any of the above questions are answered NO , you do not qualify to apply for a mobile food unit/cart license.**

### PART 2. MUST BE COMPLETED BY COMMISSARY OWNER/MANAGER

- Is the above named Commissary being used by this mobile food unit /cart operator?                      Yes ☐                      No ☐
- Does this operator obtain his food, water and supplies from your commissary?                      Yes ☐                      No ☐
- Does this operator report back to your commissary at days end for all cleaning, servicing operations, and waste disposal?                      Yes ☐                      No ☐
- Is your commissary licensed and inspected by an appropriate regulatory authority? (Also submit a copy of your current license & inspection form)                      Yes ☐                      No ☐
- I will notify the Bucks County Department of Health if this mobile food unit operator ceases to utilize our commissary.                      Yes ☐                      No ☐

**If any of the above questions are answered NO, your commissary does not qualify for use by this mobile food unit/cart.**

**THIS FORM MUST BE FILLED OUT ANNUALLY OR WHEN YOU CHANGE YOUR COMMISSARY!**

Date: \_\_\_\_\_ Name \_\_\_\_\_  
Signature of Commissary Operator/Title

Date Notarized: \_\_\_\_\_  
Notary Seal/Stamp & Signature