



Public Health Services
Environmental Health Division – Food Safety Program

**MOBILE FOOD FACILITY
COMMISSARY AGREEMENT LETTER**

MOBILE FOOD FACILITY OWNER:			
Business Name:	Business Owner:	Telephone:	PR#:
Address:		Driver's License:	
Vehicle License Plate # or Cart #	<input type="checkbox"/> Enclosed MFF <input type="checkbox"/> Cart <input type="checkbox"/> CMFO	Year and Make of Vehicle	
COMMISSARY INFORMATION:			
Commissary Name:	Owner/Manager:	Telephone:	PR#:
Commissary Address:			
** This 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 Water (120F) and Cold Water	<input type="checkbox"/> Wash Down Pad	
<input type="checkbox"/> Utensil Washing Area	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Icehouse	
<input type="checkbox"/> Electrical / Shore Power	<input type="checkbox"/> Trash	<input type="checkbox"/> Grease Receptacles	
<input type="checkbox"/> Restrooms	<input type="checkbox"/> Potable Water Supply	<input type="checkbox"/> Waste Water Disposal Method	
<input type="checkbox"/> Food Prep Area / Prep Sink	<input type="checkbox"/> Covered Area for Carts	<input type="checkbox"/> Other Services:	
I, owner/manager of stated Commissary, authorize the Mobile Food Facility Owner, as stated above, to use my facility for the above-mentioned services, pursuant to California Retail Food Code, Chapter 10. I will notify Orange County Environmental Health in writing upon termination of this agreement and/or when the operator no longer uses this facility, in compliance with Public Health regulations.			
** Note: A new agreement is required annually. Provide a copy of Commissary service agreement.			
Commissary Owner /Manager (Signature):	Date:		
Print Name:	Title:		
ALTERNATIVE OVERNIGHT PARKING LOCATION:			
<input type="checkbox"/> This section is not applicable. Mobile Food Facility parks at the commissary.			
I, owner/manager of _____, is providing the Mobile Food Facility, as stated above, overnight parking and shore power only . The location has the following:			
<input type="checkbox"/> City Approval (Provide City Approval) <input type="checkbox"/> Secured (fence, guard, etc.) <input type="checkbox"/> Durable parking space (asphalt or concrete) <input type="checkbox"/> Shore power available			
In the event electrical shore power is not available or the parking agreement is terminated, the mobile food facility owner shall dispose of any potentially hazardous foods that are not held at safe temperatures as defined in the California Retail Food Code (Health and Safety Code, Part 7, section 113996).			
Notify Orange County Environmental Health upon parking agreement termination (714) 433-6416 or ehmobilewholesale@ochca.com			
Property Name:	Property Address:		
Owner /Manager (Signature):	Date:	Telephone:	
Owner/Manager (Print):	Title:	Email:	
COMMISSARY VERIFICATION:			
By signing below, the local Environmental Health Department is verifying that this commissary has a current health permit and that this Mobile Food Facility Operator is in good standing. 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.			
<input type="checkbox"/> This is an Out of County Commissary: County of _____			
REHS Name:	Title:	Telephone:	
REHS Signature:	Date:	Email:	