

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 Serial #	Registration (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)
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1. Do you operate from the above commissary daily for all food, water, and supplies? Yes No
2. 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

1. Is the above named Commissary being used by this mobile food unit /cart operator? Yes No
2. Does this operator obtain his food, water and supplies from your commissary? Yes No
3. Does this operator report back to your commissary at days end for all cleaning, servicing operations, and waste disposal? Yes No
4. Is your commissary licensed and inspected by an appropriate regulatory authority? (Also submit a copy of your current license & inspection form) Yes No
5. 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