



## **MFF MENU AND FOOD PREPARATION QUESTIONNAIRE**

(Required to be completed for all new permit or renewal of permit applicants)

**Menu Items:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cooking equipment used on the truck:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cooking equipment used at the commissary:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where are the food items prepared/cooked:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where are the food ingredients/supplies stored:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of MFF Owner

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Date

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Inspector Signature

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Date



## OUT OF COUNTY COMMISSARY

Name of MFF: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

If the proposed facility is located outside of Sacramento County, the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit by signing below. The establishment is in \_\_\_\_\_ County/City.

An REHS signature verifies that the facility indicated in above meets CALCODE Section 114294-114297.

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Out of County REHS Name (Please Print)

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REHS number

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Out of County REHS Signature

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Date

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Phone Number

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Email Address