



COMMISSARY or MSU VERIFICATION
MOBILE FOOD FACILITY (MFF)/ MULTI EVENT VENDORS (MEV)/ CATERER

FA #	
PR#	

MFF/MEV/CATERER BUSINESS INFORMATION:

Type of Facility: ☐ MEV ☐ MFF – Cat. A (Food prep. at commissary) ☐ MFF – Cat. B (MFF Cat B, C & D must fill out back page) ☐ MFF –Cat. C ☐ MFF- Cat. D ☐ CATERER

MFF/MEV/Caterer Business Name: _____

License Plate Number (if applicable): _____

Owner Name: _____

Owner Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: (Work) _____ Mobile: _____

I, the above-mentioned MFF/MEV/Caterer Owner will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) (Calcode Sec. 114297). I will store the vehicle (if applicable) at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (916)875-8440 to make the necessary changes.

Signature of MFF/MEV/Caterer Owner

Date

COMMISSARY INFORMATION:

Type of Facility: ☐ Commissary ☐ MSU ☐ Restaurant ☐ Market ☐ Other

Commissary Business Name: _____

Commissary Owner's Name: _____

Commissary Address: _____ City: _____ Zip Code: _____

Commissary Contact Phone: _____ MFF Access Hours: _____

Y / N Preparation or packaging of food Y / N Sewage disposal Y / N Overnight parking Y / N Toilet & handwashing

Y / N Potable water supply (☐ hot ☐ cold) Y / N Warewashing Y / N Electrical hook-up

Y / N Refrigerated/ frozen food storage Y / N Garbage Y / N Supplies storage

Y / N Cleaning Areas drained to wastewater/sewer system Y / N Dry food storage Y / N Supply food products

I, the Commissary Owner/Representative, can and will provide the necessary facilities as checked for the above-mentioned MFF/MEV/Caterer at my permitted facility:

Signature of Commissary Owner/Representative

Date

NOTE: The signature of Commissary Owner must be a wet/original within 30 days of applying for permit. NO COPIES.

NOTE: Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate.

Commissary Approval: ☐ Pending ☐ Approved ☐ Disapproved

Verified by: _____ Date: _____ Comments: _____

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: _____

Signature of MFF Owner

Date

Inspector Signature

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.

Out of County REHS Name (Please Print)

REHS number

Out of County REHS Signature

Date

Phone Number

Email Address