



## Allegheny County Health Department

### Food Safety Program

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## COMMISSARY AGREEMENT FOR MOBILES

Mobile food facilities are required to operate from a permitted, fixed food facility (commissary) as needed for food, potable water, waste disposal, warewashing, and other servicing (Article III, section 339.2).

### Mobile Food Facility Information

The below section is to be completed by the person operating the mobile unit.

Mobile Unit Name (DBA): \_\_\_\_\_ ACHD Client ID: \_\_\_\_\_

Ownership Name (LLC, Inc.): \_\_\_\_\_ License Plate #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Indicate the services the mobile food facility will be using at the commissary (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Water supply            | <input type="checkbox"/> Mobile cleaning facilities      | <input type="checkbox"/> Food storage            |
| <input type="checkbox"/> Wastewater disposal     | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Supply/chemical storage |
| <input type="checkbox"/> Ware washing facilities | <input type="checkbox"/> Garbage disposal                | <input type="checkbox"/> Refrigeration           |

Attach menu to this form.

Describe your operations/procedures (cooking, cooling, hot holding, prepackaged, etc.):

\_\_\_\_\_

\_\_\_\_\_

Select type of mobile unit (select one):  Motorized/trailer  Non-motorized

License Plate (if applicable): \_\_\_\_\_ VIN #: \_\_\_\_\_

Mobile Unit Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Commissary Information

The below section is to be completed by the person operating the commissary being used by the above-mentioned mobile food facility.

Commissary Name (DBA): \_\_\_\_\_ ACHD Client ID: \_\_\_\_\_

Ownership Name (LLC, Inc.): \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Indicate the services you are allowing the mobile food facility to use at the commissary (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Water supply            | <input type="checkbox"/> Mobile cleaning facilities      | <input type="checkbox"/> Food storage            |
| <input type="checkbox"/> Wastewater disposal     | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Supply/chemical storage |
| <input type="checkbox"/> Ware washing facilities | <input type="checkbox"/> Garbage disposal                | <input type="checkbox"/> Refrigeration           |

Commissary Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_