

COMMISSARY AGREEMENT/APPROVED FACILITY

Mobile Food Facility (MFF), Compact Mobile Food Operation (CMFO), Temporary Food Facility (TFF), Mobile Support Unit (MSU) & Vending Machines



This form is to be submitted with proposals for a Vehicle, Trailer, Cart, or Temporary Food Facility. Any foods sold or given away to the public must be prepared and stored in an approved facility.

APPLICANT INFORMATION

Type of Facility: Occupied Truck/Trailer Unoccupied Truck/ Trailer/Cart MSU Vending Machines TFF

Owner Name: _____ Name of Business: _____ License Plate: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: () _____ Mobile: () _____

Provide dates/days of the week and times of commissary use:

Where will you be operating? (list address/market/event)

I, the above -mentioned owner/operator will operate out of the commissary noted below. The facility noted will be providing the following services to my food operations (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Facilities to prepare/package food | <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Overnight parking |
| <input type="checkbox"/> Food storage (dry or refrigeration) | <input type="checkbox"/> Potable (drinkable) water supply | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Equipment/utensil storage | <input type="checkbox"/> Supply food product (i.e. ice, meats) | <input type="checkbox"/> Grease/oil disposal |
| <input type="checkbox"/> Warewash facilities (3 compartment sink) | <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Waste tank/sewage disposal |

For MFF/CMFO/MSU: I will report to the facility at least once each operating day for cleaning and servicing. I will store the vehicle and equipment at the commissary or another DEH approved location by completing the MFF Storage Agreement.

If the use of the commissary is discontinued, I will notify DEH at DEHMFF@deh.sccgov.org to make necessary changes.

I understand the use of an unapproved facility for any of the operations above may lead to the revocation of my permit to operate.

Print Name _____

Signature of Applicant _____

Date _____

COMMISSARY/APPROVED FACILITY INFORMATION

Type of Facility: Commissary Restaurant Rental Kitchen MEHKO CFO (Class A or B)

Name of Commissary/Approved Facility: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: () _____ Mobile: () _____

I, the commissary/approved facility owner/operator, can and will provide the necessary services, as indicated by the applicant, at my permitted food facility. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this commissary/approved facility. In addition, I will notify DEH when this agreement is terminated.

Print Name _____

Signature of Commissary/Facility, Owner/Operator _____

Date _____

OUT-OF-COUNTY COMMISSARY/APPROVED FACILITY

If the proposed commissary/approved facility is outside of Santa Clara County, the local environmental health jurisdiction shall verify that the above-mentioned establishment has a valid health permit, and the above checked services are available to the to the applicant. The facility is located in _____ County/City.

Print Name _____

Signature of Approval, REHS _____

Date _____

Email Address _____

FOR OFFICE USE ONLY

Commissary/Approved Facility Within Santa Clara County:

Dist. Staff Initials: _____ Emp # _____ Date: _____ Sr. Staff Initials: _____ Emp # _____ Date: _____

FAO

PRO

Primary

Secondary