



COMMISSARY AGREEMENT Mobile Food Facility (MFF)

New Renewal

Date Verified: _____ OA initials: _____

This form is to be submitted with proposals for a Vehicle, Trailer, or Cart. Any foods sold or given away to the public must be prepared & stored in an approved facility. Food and food supplies used in a MFF **cannot** be stored or prepared from a private home.

APPLICANT INFORMATION

Type of Facility: MFPU CART MSU Other: _____ For vehicles, License Plate #: _____

Name of MFF: _____ Owner Name: _____

Owner Address: _____ City: _____ Zip Code: _____

Email: _____ Phone Number: _____ Mobile: _____

*I, the above mentioned owner/operator will operate out of the commissary noted below. The vehicle will report the commissary at least once each operating day for cleaning and servicing. I will store the vehicle and equipment at the approved food facility or another EHB approved location, **not at a residence**. The facility will be providing the following services to my food operation (Check all that apply):*

1. Disposal of garbage and rubbish from vehicle.
2. Disposal of liquid waste from vehicle (wastewater – must dispose into sewer; cooking oil – must dispose in containers)
3. Supply of potable water for vehicle water holding tank(s).
4. Storage of food and related supplies. Storage area/shelves must be identified for dry products and for refrigerated products with MFF's business name.
5. Supply food products. If different from commissary, provide location: _____
6. Use of utensil washing facilities.
7. Supply ice. Provide Business Name and Address if supplied from other location: _____

8. Use of food preparation facilities. The following foods are prepared at the commissary: _____

9. Overnight parking. Provide the following information if MFF is stored at another commercial location:

Business Name: _____ Address: _____ Phone Number: _____

Print Name: _____ Signature: _____ Date: _____

If the use of the commissary is discontinued, I will notify EHB at (831)755-4505 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.

***This agreement expires one year from the date signed and must be completed annually.*

Print Name: _____ Signature of Applicant: _____ Date: _____

COMMISSARY INFORMATION

Type of Facility: Commissary Restaurant Rental Kitchen Other: _____

Commissary Name: _____ FA#: _____

Commissary Address: _____

Email: _____ Phone Number: _____ Mobile: _____

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

Print Name: _____ Signature of Commissary Owner: _____ Date: _____

OUT-OF-COUNTY COMMISSARY APPROVAL

Applicant must enclose a copy of a valid Environmental Health Permit and obtain REHS signature from designated county.

The above checked requirements are available at the proposed commissary/approved facility.

REHS Name: _____ REHS Signature: _____ Date: _____

Commissary permitted and approved by _____ County. Phone Number: _____

MONTEREY COUNTY OFFICE USE

FA _____ PR _____ SR00 _____ Received by: _____

Date Paid: _____ IN: _____ Check #: _____ Amount Paid: \$ _____

Approved: Yes / No: _____

	EHS Name	EHS Signature	Date
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Comments: _____

Salinas Office
1270 Natividad Road
Salinas, CA 93906
831-755-4505

Monterey Office
1200 Aguajito Road, Suite 007
Monterey, CA 93940
831-647-7654

King City Office
200 Broadway Ave, Suite 70
King City, CA 93930
831-386-6899

Website: www.mtyhd.org/CH