



Division of Environmental Health

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COMMISSARY AGREEMENT

Mobile Food Facility / Caterer

Complete sections 1 and 2. If your commissary is located outside of Humboldt County also complete section 3.

1. To be completed by APPLICANT

Business Name _____ Lic. Plate # _____

Owner/Operator Name _____ MFF Permit # _____

Business Mailing Address _____

City _____ State _____ Zip _____ Business Ph. _____ Alt. Ph. _____

I, _____, hereby state that the above information is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with California Health & Safety Code, Div. 104, Part 7, and Humboldt County Division of Environmental Health (DEH) requirements. If the use of the commissary is discontinued, the permit holder must notify DEH. Failure to notify this office may result in permit revocation and penalties.

Signature _____ Date _____

2. To be completed by COMMISSARY OWNER/OPERATOR

Commissary Name _____ Food Facility Permit # _____

Address _____ Business Phone _____

City _____ Zip _____ Owner/Operator _____

Check all appropriate services provided:

- | | | |
|--|--|---|
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Electrical hook-ups |
| <input type="checkbox"/> Solid waste disposal | <input type="checkbox"/> Food preparation | <input type="checkbox"/> Toilet and handwashing |
| <input type="checkbox"/> Hot & Cold water for cleaning | <input type="checkbox"/> Store refrigerated food | <input type="checkbox"/> Potable water |
| <input type="checkbox"/> Store dry food/supplies | <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Vehicle wash |

I, _____, hereby state that the information I have provided is current, true, and correct to the best of my knowledge, and meets the California Health & Safety Code requirements. If the food facility operator fails to comply with the conditions of this agreement, or if this agreement is modified or cancelled, the commissary owner shall notify DEH immediately.

Signature _____ Date _____

3. To be completed by the ENVIRONMENTAL HEALTH jurisdiction outside of Humboldt

The commissary is located in _____ County. The above food facility meets the commissary requirements in California Health & Safety Code. The above checked services are available at the above commissary. Please notify DEH if the status of their operating permit changes.

REHS Signature _____ Date _____