



**Division of Environmental Health**

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**Supplemental Application and Information for Commissary Operations**

This document is a supplement to the Application For Permit To Operate A Food Facility. Both of these documents, along with the Supplemental List of Commissary Tenants must be submitted or the application will not be accepted.

**COMMISSARY INFORMATION**

<b>Name of Facility:</b>	
<b>Site Address:</b> Street _____	City & Zip _____
<b>Permit Applicant Name:</b>	
<b>E-mail:</b> _____	<b>Phone:</b> _____

**SITE MANAGER INFORMATION**

<b>Site Manager's Name:</b>	
<b>E-mail:</b> _____	<b>Phone:</b> _____

**COMMISSARY SERVICES**

<b>Wastewater Disposal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Food Preparation Area</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Garbage Disposal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Food / Utensil Storage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Potable Water Fill</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle / Cart Storage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pressurized Hot / Cold Water</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Covered Vehicle Servicing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cooling Equipment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle Charging Station</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Refrigeration Space</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fats, Oils, Grease Disposal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Freezer Space</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*\* FOR OFFICE USE ONLY \*\***

**File Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

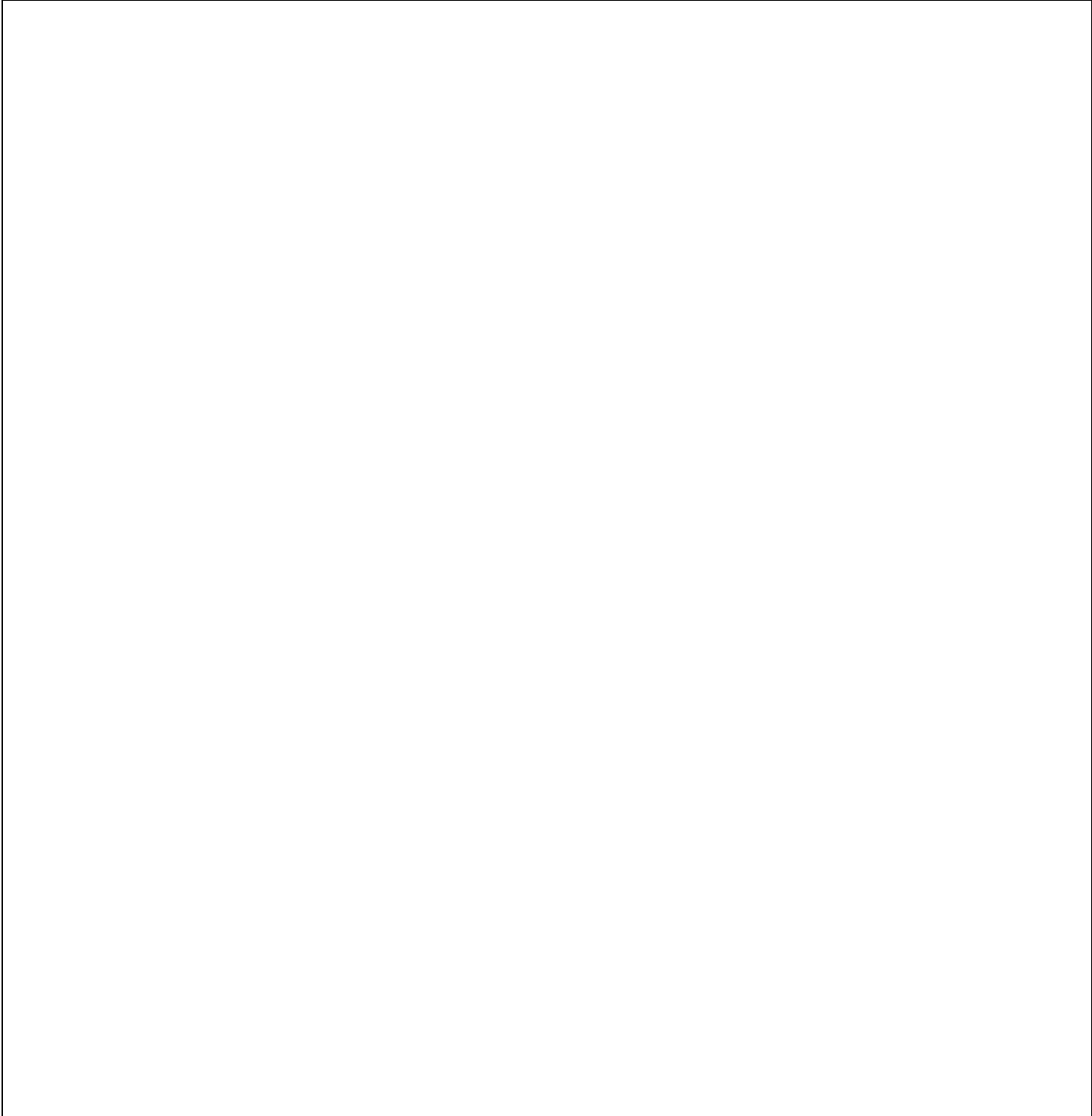
<b>Application #:</b> _____	<b>Permit #:</b> _____
<b>District:</b> <input type="checkbox"/> Arcata <input type="checkbox"/> Eureka (North) <input type="checkbox"/> Eureka (South) <input type="checkbox"/> Mid-County <input type="checkbox"/> North <input type="checkbox"/> South	
Approving REHS/EHS Signature: _____	Signature Date: _____
Senior REHS Signature: _____	Signature Date: _____

**Provide a site plan of the facility in the space below or as an attachment.**

The site plan should identify, as applicable, the following:

- Food Prep Areas
- Cold Storage (per user)
- Janitorial Sink
- Storage Areas (per user)
- Wastewater Disposal Location
- Garbage/Waste Disposal Area
- Warewashing Equipment / Area
- Potable Water Fill Location
- Vehicle Servicing Area
- Vehicle Storage Location

**FACILITY SITE PLAN**



**OPERATION DETAILS**

**Describe potable water source location and how the faucet or spigot is protected to prevent contamination:**

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**Describe the location and method used to dispose of wastewater from vehicles and containers:**

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**Describe site security for vehicle storage:** \_\_\_\_\_

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**Describe pest control means and methods for the facility:** \_\_\_\_\_

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**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (Commissary Permit Applicant), agree to notify Humboldt County Division of Environmental Health at (707) 445-6215 when any tenants discontinue use of or fail to utilize the commissary per operational agreements.

I further certify that I am the legal owner/operator of this facility and the information provided in this document is true. I am aware that my permit to operate as a commissary may be suspended or revoked if I am found to be in violation of commissary operational requirements.

**Name of Commissary Owner:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPPLEMENTAL LIST OF COMMISSARY TENANTS

Facility Name: \_\_\_\_\_

Please list all tenants using the commissary location. Tenant changes require submittal of an updated form within 30 days.

LIST OF COMMISSARY TENANTS	
<b>Business Name:</b>	
<b>Business Type:</b> <input type="checkbox"/> MFF <small>Mobile Food Facility</small> <input type="checkbox"/> TFF <small>Temporary Food Facility</small> <input type="checkbox"/> PFR <small>Processed Food Registration</small> <input type="checkbox"/> Caterer	
<b>Operator's Name:</b>	<b>Operator's Phone:</b>
<b>Days of Use:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	<b>Hours of Use:</b>
<b>Business Name:</b>	
<b>Business Type:</b> <input type="checkbox"/> MFF <small>Mobile Food Facility</small> <input type="checkbox"/> TFF <small>Temporary Food Facility</small> <input type="checkbox"/> PFR <small>Processed Food Registration</small> <input type="checkbox"/> Caterer	
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