



COMMISSARY / APPROVED KITCHEN VERIFICATION
MOBILE FOOD FACILITY (MFF) / CATERER

FA #	
PR#	

MFF / CATERER BUSINESS INFORMATION

MFF / Caterer Business Name: _____

License Plate Number (if applicable): _____

owner Name: _____

Owner Mailing Address: _____ City: _____ Zip Code: _____

Phone Number (Home): _____ Mobile: _____

Email address: _____

I, the above-mentioned MFF / Caterer Owner will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) (Calcode Sec. 114297). I will store the vehicle (if applicable) at the commissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (559) 624-7400 to make the necessary changes.

Signature of MFF/Caterer Owner

Date

COMMISSARY/ APPROVED KITCHEN FACILITY INFORMATION

Type of Facility: Commissary Commercial Kitchen Other: _____

Business Name: _____

Owner's Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: (Business) _____ Mobile: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Preparation or packaging of food | <input type="checkbox"/> Potable water supply | <input type="checkbox"/> Storage and overnight parking |
| <input type="checkbox"/> Electrical hook-up & service of vehicle | <input type="checkbox"/> Warewashing of cooking equipment | <input type="checkbox"/> Refrigerated/ frozen food storage |
| <input type="checkbox"/> Toilet & handwashing | <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Supplies storage |
| <input type="checkbox"/> Waste tank/ sewage disposal facilities | <input type="checkbox"/> Waste grease removal | <input type="checkbox"/> Supply food products |

I, the Commissary Owner, can and will provide the necessary facilities as checked for the above-mentioned MFF/Caterer at my permitted facility:

Signature of Commissary/Approved Kitchen Manager

Date

NOTE: The signature of Commissary/Facility Owner must be a original within 30 days of applying for permit. NO COPIES.

NOTE: Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate.

This section shall be completed and approved by the local Environmental Health Agency where the above commissary is located.

Verified by: _____ County: _____ Employee #: _____ Date: _____ Approved Disapproved
Environmental Health Specialist