

Commissary Verification Form

Attach with your [Mobile Food Facility permit application](#).

OWNER (MFF) INFORMATION

Business Name: _____

Owner's Name: _____

I, the above-mentioned MFF 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) (Cal Code Section 114297). I will store the vehicle and/or equipment at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify Environmental Health and Safety and obtain a current permit to operate.

Signature

Date

COMMISSARY INFORMATION

To be completed by commissary representative

Type of Facility: Commissary Restaurant Market Other: _____

Commissary Business Name: _____ **Phone/Mobile:** _____

Commissary Owner Name: _____

Commissary Address: _____ **City:** _____ **Zip:** _____

Commissary Contact Name: _____ **Phone Number:** _____

Agency Issuing Permit for Commissary: _____

*I hereby declare that (mobile operator) _____
at (MFF name) _____ has my permission to use my approved commissary,
_____.*

My commissary is well maintained and in compliance with the requirements of Cal Code 113751 and will provide the MFF the following approved facilities and services (*check all that apply*):

Storage of food, utensils & other supplies

Hot and cold water under pressure for cleaning and sanitizing

Storage of MFF at the end of the day or when not in use

Potable water for filling water tanks

Sanitary disposal of garbage and liquid wastes

Equipment are NSF approved (walk-in coolers, freezers, etc...)

Electrical outlets/ hook-ups for MFF's that require electrical service

Space for sanitary food preparation

Janitorial sink, restroom, utensil washing, and hand washing facilities with single service soap and paper towels in dispensers

Maintain daily log sheet (check in/out) signed by commissary owner to verify MFF daily use of facility. (MFF must be able to provide records of use of commissary when requested by enforcement agency).

I, _____, Commissary owner, agree to notify UC Davis Environmental Health and Safety if the above mentioned MFF has discontinued its commissary use or has not utilized this commissary per operational requirements.

I am aware that UC Davis will notify the county in which my commissary is located if found to be in violation of the information provided on this application

Print Name

Signature

Date

For Office Use Only

REHS Signature

Date