



County of Santa Cruz

HEALTH SERVICES AGENCY

701 OCEAN STREET, ROOM 312, SANTA CRUZ, CA 95060-4073

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www.co.santa-cruz.ca.us/eh/ehhome.htm

ENVIRONMENTAL HEALTH

COMMISSARY VERIFICATION FOR MOBILE FOOD FACILITY AND MOBILE SUPPORT UNIT

Type of Facility: Mobile Food Facility (MFF) Mobile Support Unit (MSU)

MFF/MSU Business Name (Name on truck or cart): _____

License Plate Number: _____ Phone Number: (____) _____

Owner Name: _____

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

Where do you primarily operate in Santa Cruz County? Please list address: _____

The above mentioned MFF/MSU shall operate out of an approved commissary and shall report to the commissary at least once each operational day for cleaning and servicing (C.R.F.C. sec 114295). If the use of the commissary is discontinued, the permit holder must notify the Environmental Health Division (831) 454-2022 to make the necessary changes.

Signature MFF/MSU Owner

Date

COMMISSARY INFORMATION

Commissary Business Name: _____

Commissary Owner's Name: _____

Commissary Address: _____ City: _____ Zip Code: _____

Phone Number: (____) _____

Type of Facility: Commissary Restaurant Market Other _____

I, the Commissary Owner/Operator, can and will provide daily access to necessary facilities for the above mentioned MFF/MSU at my permitted facility as checked below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Preparation of food | <input type="checkbox"/> Utensil Wash | <input type="checkbox"/> Store refrigerated/frozen food |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Store Dry Food | <input type="checkbox"/> Store Supplies |
| <input type="checkbox"/> Toilet & Hand Washing | <input type="checkbox"/> Overnight Parking | <input type="checkbox"/> Supply Food Products |
| <input type="checkbox"/> Waste Tank Sewage Disposal Facilities | <input type="checkbox"/> Other: _____ | |

Provide a copy of the current Health Permit for commissaries located outside of Santa Cruz County.

Signature of Commissary Owner/Operator

Date

For Official Use Only

Santa Cruz Count EHS Approval: _____ Date: _____

Commissary Authorization Located Outside Santa Cruz County

The following must be completed by the local Environmental Health inspection agency for commissaries located outside Santa Cruz County:

This Department does not object to the listed food establishment being used as a commissary for the above business.

County of _____ Environmental Health Approval: _____ Date: _____