



# Environmental Health Division Commissary Agreement



860 N Bush St, Ukiah, CA 95482

Phone: 707-234-6625

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This form is to be submitted with application for a Mobile Food Facility Permit, or any other food facility that is required to operate from a commissary. California State Law requires that foods sold or given away to the public be prepared and stored in an approved facility. Mobile Food Facility vehicles or carts, must be serviced and stored at their commissary, except when an alternate location has been approved by the permitting agency. **Note: Food products remaining after each day's operation are to be stored only in the approved commissary. Storage locations will be designated and labeled for exclusive use and the Commissary is to maintain a log of when vendor uses commissary.**

**THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD FACILITY THAT THE APPLICANT PLANS TO USE AS THEIR COMMISSARY.** No other facility may be used by this business for these operations without the written approval of Mendocino County Environmental Health Division.

Name of Business applying for permit: \_\_\_\_\_

Name of Approved Food Facility/Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ OUT OF COUNTY COMMISSARY

Commissary Owner/Manager: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Health Permit for the Approved Food Facility/Commissary issued by: \_\_\_\_\_  
(County)

Days and Hours facility will be at Commissary:

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am

Operations to take place at this Commissary: (If not a Mobile Food Facility [vehicle] disregard sections not applicable to your operation)

- |  |  |
|--|--|
| <input type="checkbox"/> Sufficient refrigerator storage   | <input type="checkbox"/> Sufficient freezer storage  |
| <input type="checkbox"/> Utensil storage                   | <input type="checkbox"/> Sufficient dry food storage |
| <input type="checkbox"/> Vehicle/Cart storage              | <input type="checkbox"/> Vehicle/Cart washing area   |
| <input type="checkbox"/> Washing of utensils and equipment | <input type="checkbox"/> Food Preparation Space      |
| <input type="checkbox"/> Sanitary Disposal of garbage      | <input type="checkbox"/> Sanitary disposal of grease |
| <input type="checkbox"/> Other: _____                      |  |

Sanitary wastewater disposal method: ☐ Mop Sink ☐ RV type sewage dump

*As the authorized agent for the above approved commissary, I have given my permission for the business known as \_\_\_\_\_ to use the facility for the operation(s) indicated, and I understand that I am ultimately responsible for the maintenance and sanitation of this commissary.*

Agreement Duration: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Owner ☐ Owner's Agent

NOTE: A new Commissary Agreement is required to be submitted when any change in the agreement occurs or if a different commissary is obtained.