



COMMISSARY VENDOR LIST

Commissary Name: _____ Date: _____

Commissary Address: _____ FA ID: _____

City, State, Zip: _____ Commissary Hours of Operation: _____

Mobile Food Facility Name, and FA ID	Days of Operation							Start Time:	End Time:
	SU	M	T	W	TH	F	SA		
1. _____								_____	AM _____ AM PM _____ PM
2. _____								_____	AM _____ AM PM _____ PM
3. _____								_____	AM _____ AM PM _____ PM
4. _____								_____	AM _____ AM PM _____ PM
5. _____								_____	AM _____ AM PM _____ PM
6. _____								_____	AM _____ AM PM _____ PM
7. _____								_____	AM _____ AM PM _____ PM
8. _____								_____	AM _____ AM PM _____ PM
9. _____								_____	AM _____ AM PM _____ PM
10. _____								_____	AM _____ AM PM _____ PM

Revised Commissary information may be provided by Fax: 661-862-8701, email: ehmobiles@kerncounty.com, or by U.S. mail to:

**Kern County Environmental Health
2700 M St. Ste 300, Bakersfield, CA 93301**

Please contact our office at (661) 862-8740 for any further questions.

I understand and agree that if I make any changes to my vendor list, I must notify Kern County Environmental Health **IMMEDIATELY**. I further understand that failure to notify Kern County Environmental Health of any changes may result in the suspension or revocation of my Environmental Health Permit to operate as a Commissary.

Signature _____ Date: _____

Print: _____ Phone: _____

Email: _____

OFFICE USE ONLY	
Received/Reviewed By: _____	Date: _____

CONFIDENTIAL: The information provided above is not a public record and must not be copied, faxed, reviewed, or distributed without written authorization from the owner. [CA Public Records Act, Section 6254.5(e)]

