

Daily Log for Mobile Food Vehicle

Mobile Name:		Commissary Name:			
Mobile Operator Name:		Commissary Operator Name:			
FA Number:		Commissary Phone Number:			
Location of Operation:					
Days and Times of Operation:					
Date:		Commissary Operator Name or Designated Employee:		Signature:	
Date:		Commissary Operator Name or Designated Employee:		Signature:	
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Date:		Commissary Operator Name or Designated Employee:		Signature:	

I, THE COMMISSARY PERMIT HOLDER, CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

Commissary Operator Signature

Date

Commissary Operator Name

LOG-IN SHEETS ARE TO REMAIN ON THE MOBILE FOOD VEHICLE AND MADE AVAILABLE FOR INSPECTION AND REVIEW. COPIES OF LOGS ARE REQUIRED TO BE SUBMITTED TO ENVIRONMENTAL HEALTH DIVISION BY EITHER FAX AT (661) 862-8701 OR EMAIL AT EH@KERNCOUNTY.COM NO LATER THAN THE 5TH OF EVERY MONTH.