Commissary Authorization

Authorization must have an original signature by the commissary **owner/permittee**

I, the owner/permittee of the food facility noted below, will allow my facility to serve as a commissary for the Mobile Food Facility noted below. I understand that as a commissary for the Mobile Food Facility, I must allow the mobile unit to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected to ensure the requirements are met.

Name of Food Facility			
Street Address, City			
Days/Hours of Operation			
Day Phone		E-mail Address	

Name of Mobile Food Facility	
Mobile Food Facility License Plate	

The following services governed by Section 114326 of the California Retail Food Code are provided for the above named Mobile Food Facility and are indicated by my initials as follows:

Initials			Initials
	Adequate cold and dry storage for food, utensils, and other supplies. Storage area for my food and supplies are separated from the Mobile Food Facility's food and supplies.	A food preparation area for mobile food facilities that conduct food preparation.	
	Potable water for filling water tanks.	Approved disposal system for the disposal of waste water and grease.	
	Three compartment sink for sanitizing utensils.	Approved disposal area for the disposal of garbage and refuse.	
	Hot and cold water under pressure and a designated area for cleaning the vehicle.		

I agree to comply with the provisions of Section 114326 of the California Retail Food Code. I certify that the information provided is true and correct to the best of my knowledge. It is a misdemeanor to knowingly make any false statement in connection with an application.

_____   _____   _____
Signature of **Commissary** Owner/Permittee   Print Name   Date

I, the owner/permittee of the Mobile Food Facility noted above, agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Environmental Health Permit will be revoked, and I must stop operating until I obtain another commissary and provide proof to the Kern County Public Health Services Department, Environmental Health Division.

_____   _____   _____
Signature of Shaved Ice Unit Owner/Permittee   Print Name   Date
Firma de Propietario/Titular de Unidad de Raspados   Letra de Molde   Fecha