



### COMMISSARY VENDOR LIST

Commissary Name: \_\_\_\_\_ Date: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ FA ID: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Commissary Hours of Operation: \_\_\_\_\_

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

Revised Commissary information may be provided by Fax: 661-862-8701, email: [ehmobiles@kerncounty.com](mailto: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: \_\_\_\_\_

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