



**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**
2222 'M' Street, Merced, CA 95340
(209) 381-1100, fax (209) 384-1593

COMMISSARY APPROVAL FORM

MOBILE FOOD FACILITY INFORMATION:

FA00 _____

Business Name: _____ Telephone# _____

Name of Operator: _____ Vehicle License Plate #: _____

Address of Operator: _____

Vehicle Overnight Parking Location: _____

Please list the foods offered for sale: _____

COMMISSARY INFORMATION:

Business Name: _____ Telephone # _____

Address: _____ FA00 _____ (if in Merced County)

***Attach a copy of the commissary's health permit for out of county facilities.**

This commissary will provide the following services for the vehicle listed above (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Supply food products | <input type="checkbox"/> Store refrigerated foods |
| <input type="checkbox"/> Store dry food and food related products | <input type="checkbox"/> Store frozen foods |
| <input type="checkbox"/> Supply janitorial & utensil washing facilities | <input type="checkbox"/> Prepare food |
| <input type="checkbox"/> Dispose of liquid waste (prohibitions) | <input type="checkbox"/> Dispose of solid waste |
| <input type="checkbox"/> Supply potable water | <input type="checkbox"/> _____ |

Sections 114295(a) of the California Retail Food Code (CALCODE) Law require that the vehicle be operated from an approved commissary, and that the vehicle be taken to the commissary at least once each operating day. Notify the Merced County Division of Environmental Health of any changes in commissary use or vehicle ownership.

By signing below, I verify the above-specified Mobile Food Facility Operator is approved to use this commissary location each operating day.

Authorized Commissary Representative Signature Printed Name Date

By signing below, I verify that I will visit the commissary mentioned above at least once during each operating day. Additionally, I understand and verify I am not preparing or storing food or beverage items at a residential location.

Mobile Food Facility Owner/Operator's Signature Printed Name Date

Office Use Only					
Received / reviewed by	date	FA000_____/ PE ____	commissary list count:	of	max