



COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
Division of Environmental Health

2222 'M' Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 (fax)
www.countyofmerced.com/eh

MOBILE FOOD FACILITY (MFF) OPERATIONAL LOG

Mobile Business Name: \_\_\_\_\_ Facility ID #: FA00 License Plate: \_\_\_\_\_
Commissary's Name: \_\_\_\_\_ Commissary's Facility ID #: FA00 (if in Merced County)

Below, fill in the correct year and mark the appropriate box to indicate which calendar quarter this report covers. Each operating day, mark the box in the grid corresponding to the date that the MFF operated and visited the approved commissary location for servicing and/or restocking, as required:

(Mark one box below) YEAR: 20

Table with 4 columns for quarters (Q1, Q2, Q3, Q4) and 31 columns for days of the month (1-31). Rows represent months: JAN, APR, JUL, OCT; FEB, MAY, AUG, NOV; MAR, JUN, SEP, DEC.

All MFF units must visit their commissary each operating day. Each vehicle operator must also submit this form by the 10th day following the end of the calendar quarter to the Merced County Division of Environmental Health, 2222 'M' Street, Merced, CA 95340 either by mail, in person, by fax to (209) 384-1593, or email a copy to MobileFood@countyofmerced.com .

By signing below, I verify that I am taking my permitted MFF unit to my approved commissary for servicing and/or restocking each day the mobile food facility is operating.

Mobile Owner/Operator's Signature \_\_\_\_\_ Mobile Owner/Operator's Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number ( ) -

By signing below, I verify the above-specified Mobile Food Facility unit has visited this commissary location on the dates indicated above.

Commissary Representative Signature \_\_\_\_\_ Commissary Representative Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number ( ) -