

VERIFICATION OF VEHICLE COMMISSARY

Please provide all information requested. An incomplete application may delay approval.

VEHICLE INFORMATION

Vehicle Name (DBA): _____

Address for Vehicle:

Street Address

City

- | | |
|---------------------------|----------------------|
| 1) License Plate #: _____ | 4) Year: _____ |
| 2) Vehicle Vin #: _____ | 5) Make/Model: _____ |
| 3) State Decal #: _____ | 6) Color: _____ |

VEHICLE OWNER INFORMATION

Name: _____

Address of Owner:

Street Address

City

The mobile food facility shall operate out of a commissary and shall report to the commissary at least once each operating day for cleaning and servicing (CalCode sections 114295 & 114297). If the use of the commissary is discontinued, the permit holder must notify this office to make the necessary changes. Failure to notify this office may result in permit revocation and penalties.

Signature of Vehicle Operator

Date

COMMISSARY INFORMATION

Business Name: _____

Owner Name: _____

Site Address:

Street Address

City

Phone: () _____

I, the commissary owner, can and will provide the necessary facilities for the above mentioned vehicle at my commissary as checked below:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Liquid & solid waste disposal | <input type="checkbox"/> Utensil washing sink
(2 or 3 compartments) | <input type="checkbox"/> Store frozen food | <input type="checkbox"/> Vehicle wash facilities |
| <input type="checkbox"/> Preparation of food | <input type="checkbox"/> Hot & cold water for cleaning | <input type="checkbox"/> Toilet & hand washing | <input type="checkbox"/> Store refrigerated food |
| <input type="checkbox"/> Store dry food/supplies | <input type="checkbox"/> Provide potable water | <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Adequate electrical outlets |

Signature of Commissary Owner/Operator

Date

HEALTH DEPARTMENT

If the commissary/food establishment is outside San Joaquin County, the local health jurisdiction must verify current health permit by signing below. Commissary/food establishment is in _____ County.

Signature of County REHS

Date