



Public Health Services
 Environmental Health
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OUT-OF-COUNTY MOBILE FOOD FACILITY COMMISSARY AGREEMENT LETTER

For facilities located OUTSIDE Orange County

Type of Mobile Food Facility (MFF):		<input type="checkbox"/> Pre-packaged Food	<input type="checkbox"/> Unpackaged Food
Name of Business (DBA)		Business Phone	
Mailing Address	City	Zip	
Driver's License #	License Plate #	Make	
Commissary Name		Commissary Phone	
Commissary Address	City	Zip	

The commissary provides the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Parking; Space #: _____ | <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Frozen Food Storage |
| <input type="checkbox"/> Dry/ Bulk Storage | <input type="checkbox"/> Hot 120°F & Cold Water | <input type="checkbox"/> Wash Down Area |
| <input type="checkbox"/> Utensil Wash Area | <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Icehouse |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Trash | <input type="checkbox"/> Grease Receptacles |
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Protected Water Source for Each Mobile Unit | |
| <input type="checkbox"/> Food Prep Area & Prep Sink | <input type="checkbox"/> Other service(s) not listed: _____ | |

_____ (MFF Owner) of _____ (MFF DBA)
 is authorized to use this Commissary for the above-mentioned service(s) pursuant to California Retail Food Code, Chapter 10. I will notify Orange County Environmental Health in writing and within 30 days of the termination of this agreement and/or when the mobile food facility no longer utilizes my facility as required.

Commissary Owner Name	
Signature	Date

By signing below, the local Environmental Health Department is verifying that this commissary and/or kitchen has a current health permit and that this MFF Operator is in good standing and currently parks at this Commissary. This Commissary is in _____ County. The Commissary indicated in this document meets applicable sections of California Retail Food Code, Chapter 10. The checked items listed above are available at the proposed facility.

REHS Name and Title	Phone
REHS Signature	Date
Commissary Permit Record #	

This agreement must be updated and submitted annually with permit renewal or upon change in commissary location

Office Use Only PR# _____ MFF DBA _____ Approved by _____
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