



**COMMISSARY AGREEMENT/APPROVED FACILITY**  
 Mobile Food Facility (MFF), Compact Mobile Food Operation (CMFO), Temporary  
 Food Facility (TFF), Mobile Support Unit (MSU) & Vending Machines



This form is to be submitted with proposals for a Vehicle, Trailer, Cart, or Temporary Food Facility. Any foods sold or given away to the public must be prepared and stored in an approved facility.

**APPLICANT INFORMATION**

Type of Facility:  Occupied Truck/Trailer  Unoccupied Truck/ Trailer/Cart  MSU  Vending Machines  TFF

Owner Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_ License Plate: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Provide dates/days of the week and times of commissary use: \_\_\_\_\_

Where will you be operating? (list address/market/event) \_\_\_\_\_

*I, the above –mentioned owner/operator will operate out of the commissary noted below. The facility noted will be providing the following services to my food operations (Check all that apply):*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Facilities to prepare/package food       | <input type="checkbox"/> Electrical hook-up                    | <input type="checkbox"/> Overnight parking          |
| <input type="checkbox"/> Food storage (dry or refrigeration)      | <input type="checkbox"/> Potable (drinkable) water supply      | <input type="checkbox"/> Garbage disposal           |
| <input type="checkbox"/> Equipment/utensil storage                | <input type="checkbox"/> Supply food product (i.e. ice, meats) | <input type="checkbox"/> Grease/oil disposal        |
| <input type="checkbox"/> Warewash facilities (3 compartment sink) | <input type="checkbox"/> Chemical storage                      | <input type="checkbox"/> Waste tank/sewage disposal |

*For MFF/CMFO/MSU: I will report to the facility at least once each operating day for cleaning and servicing. I will store the vehicle and equipment at the commissary or another DEH approved location by completing the MFF Storage Agreement.*

If the use of the commissary is discontinued, I will notify DEH at [DEHMFF@deh.sccgov.org](mailto:DEHMFF@deh.sccgov.org) to make necessary changes. I understand the use of an unapproved facility for any of the operations above may lead to the revocation of my permit to operate.

\_\_\_\_\_  
 Print Name Signature of Applicant Date

**COMMISSARY/APPROVED FACILITY INFORMATION**

Type of Facility:  Commissary  Restaurant  Rental Kitchen  MEHKO  CFO (Class A or B)

Name of Commissary/Approved Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

*I, the commissary/approved facility owner/operator, can and will provide the necessary services, as indicated by the applicant, at my permitted food facility. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this commissary/approved facility. In addition, I will notify DEH when this agreement is terminated.*

\_\_\_\_\_  
 Print Name Signature of Commissary/Facility, Owner/Operator Date

**OUT-OF-COUNTY COMMISSARY/APPROVED FACILITY**

If the proposed commissary/approved facility is outside of Santa Clara County, the local environmental health jurisdiction shall verify that the above-mentioned establishment has a valid health permit, and the above checked services are available to the to the applicant. The facility is located in \_\_\_\_\_ County/City.

\_\_\_\_\_  
 Print Name Signature of Approval, REHS Date Email Address

<b>FOR OFFICE USE ONLY</b>					
Commissary/Approved Facility Within Santa Clara County:					
Dist. Staff Initials: _____	Emp # _____	Date: _____	Sr. Staff Initials: _____	Emp # _____	Date: _____
FAO	PRO	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary		