COMMISSARY AGREEMENT
Mobile Food Facility ◆ Caterer

Complete sections 1 and 2. If your commissary is located outside of San Joaquin County also complete section 3.

1. To be completed by APPLICANT

Business Name___________________________________________ Lic. Plate # __________________
Owner/Operator Name______________________________________
Business Mailing Address____________________________________
City_________________State____Zip_________ Bus. Ph._________________ Alt. Ph._________________

I, __________________________, hereby state that the above information is current, true and correct to
the best of my knowledge and agree to utilize my approved commissary in accordance with California Health &
Safety Code, and San Joaquin County Environmental Health Department (EHD) requirements. If the use of the
commissary is discontinued, the permit holder must notify the EHD. Failure to notify this office may result in permit
revocation and penalties.

Signature__________________________________________________ Date_________________________

2. To be completed by COMMISSARY OWNER/OPERATOR

Commissary Name__________________________________________ FA# _______________
Address_______________________________________Bus. Phone_________________________
City___________________Zip_____________Owner/Operator________________________________

Check all appropriate services provided:
☐ Wastewater disposal  ☐ 3-compartment sink  ☐ Electrical hook-ups
☐ Solid waste disposal  ☐ Food preparation  ☐ Toilet and handwashing
☐ Hot & Cold water for cleaning ☐ Store refrigerated food  ☐ Potable water
☐ Store dry food/supplies  ☐ Overnight parking  ☐ Vehicle wash

I, __________________________, hereby state that the information I have provided is current, true and
correct to the best of my knowledge, and meets the California Health & Safety Code requirements. If the food facility
operator fails to comply with the conditions of this agreement, or if this agreement is modified or cancelled, the
commissary owner shall notify the EHD immediately.

Signature__________________________________________________ Date____________________________

3. To be completed by the ENV HEALTH jurisdiction outside of San Joaquin Co.

The commissary is located in ___________________________ County. The above food facility meets the
commissary requirements in California Health & Safety Code. The above checked services are available at the
above commissary. Please notify EHD if the status of their operating permit changes.

REHS Signature_________________________ Date_________________________