



## 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:

- |                                                        |                                                  |                                                 |
|--------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Wastewater disposal           | <input type="checkbox"/> 3-compartment sink      | <input type="checkbox"/> Electrical hook-ups    |
| <input type="checkbox"/> Solid waste disposal          | <input type="checkbox"/> Food preparation        | <input type="checkbox"/> Toilet and handwashing |
| <input type="checkbox"/> Hot & Cold water for cleaning | <input type="checkbox"/> Store refrigerated food | <input type="checkbox"/> Potable water          |
| <input type="checkbox"/> Store dry food/supplies       | <input type="checkbox"/> Overnight parking       | <input type="checkbox"/> 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 \_\_\_\_\_