



MOBILE FOOD FACILITY COMMISSARY ADDENDUM

This form is an addendum to the Mobile Food Facility (MFF) Application that will need to be uploaded to the portal when you submit your application.

SAN MATEO COUNTY COMMISSARY

OUT-OF-COUNTY COMMISSARY*

*REQUIRES OUT-OF-COUNTY ENVIRONMENTAL HEALTH VERIFICATION BELOW

FOR MULTIPLE COMMISSARIES, SUBMIT A COMPLETED COMMISSARY FORM FOR EACH LOCATION.

COMMISSARY INFORMATION

COMMISSARY NAME: _____ OPERATOR NAME: _____

COMMISSARY ADDRESS: _____ CITY/ZIP: _____

COMMISSARY PHONE #: _____ COMMISSARY FAX #: _____

COMMISSARY E-MAIL: _____

COMMISSARY TYPE

RESTAURANT COMMERCIAL KITCHEN VEHICLE COMMISSARY OTHER _____

COMMISSARY OWNER/OPERATOR AGREEMENT

I, COMMISSARY OWNER/OPERATOR, WILL PROVIDE THE FOLLOWING SERVICES TO THE MFF APPLICANT:

FOOD PREPARATION AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO	COOKING FACILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFRIGERATED/FROZEN FOOD STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOOD & EQUIPMENT DRY STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAREWASHING AREA	<input type="checkbox"/> YES <input type="checkbox"/> NO	POTABLE WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIQUID WASTE DISPOSAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	GREASE/OIL DISPOSAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
GARBAGE DISPOSAL COOKING FACILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRICAL HOOK UP	<input type="checkbox"/> YES <input type="checkbox"/> NO
OVERNIGHT MFF STORAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	ENCLOSED OVERNIGHT PARKING (CARTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO

I, COMMISSARY OWNER/OPERATOR, hereby declare that I hold a valid Environmental Health Services permit to operate a commissary as defined by the California Retail Food Code, Chapter 10. *Note: Include copy of valid Health Permit for Out of County Commissaries. I will notify San Mateo County Environmental Health Services in writing of any change in the status of my operation, health permit, or upon termination of this agreement.

Print Owner/Representative: _____ Signature: _____ Date: _____

MFF OWNER/OPERATOR INFORMATION

I, MFF, OWNER/OPERATOR, will operate out of the above-mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted above) [CRFC Sec. 114297]. I will store at the MFF at the approved commissary or another approved location overnight (not at residence). I will notify San Mateo County Environmental Health Services in writing of any changes to this agreement.

MFF BUSINESS NAME: _____ LICENSE PLATE #: _____

Print Owner/Representative: _____ Signature: _____ Date: _____

OUT OF COUNTY ENVIRONMENTAL HEALTH VERIFICATION

If the proposed commissary is outside of San Mateo County, the local environmental health jurisdiction shall verify the commissary health permit is valid by signing below. _____ County/City verifies the above-mentioned commissary meets the requirements of the California Retail Food Code, Section 114294-114297 and 114326. The above checked requirements are available at the commissary.

REHS Name: _____ Signature: REHS #: _____

Phone #: _____ Email: _____ Date: _____