



COMMISSARY/APPROVED FACILITY (AF) AGREEMENT
 Mobile Food Facility (MFF), Mobile Food Units (MFPU), Temporary Food Facility (TFF)
 Mobile Support Unit (MSU), Caterer



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. Food and food supplies used in a MFF, MFPU, or a TFF cannot originate (be stored, prepared, etc.) from a private home.

APPLICANT INFORMATION

Type of Facility: MFF MFPU TFF CART MSU Other _____ For vehicles, License # _____

Owner Name: _____ Name of Business: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: () _____ Mobile: () _____

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

Provide dates/days of the week and times of commissary/AF use: _____

I, the above –mentioned owner/operator will operate out of the commissary/AF noted below. For vehicles: 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 approved food facility or another DEH approved location. The facility noted will be providing the following services to my food operations (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Facilities to prepare or package food | <input type="checkbox"/> Potable (drinkable) water supply | <input type="checkbox"/> Overnight parking (MFPU) |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Warewash facility (i.e. 3 compartment sink) | <input type="checkbox"/> Enclosed overnight parking (carts) |
| <input type="checkbox"/> Toilet & handwash facilities | <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Refrigeration/frozen food storage |
| <input type="checkbox"/> Waste tank/sewage disposal | <input type="checkbox"/> Waste grease removal | <input type="checkbox"/> Equipment/utensil storage |
| <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Supply food product-i.e. ice, meats |

If the use of the approved facility/commissary is discontinued, I will notify DEH at (408) 918-3400 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.

****This agreement expires one year from the date signed and must be completed annually.**

 Print Name Signature of Applicant Date

COMMISSARY/APPROVED FACILITY INFORMATION

Type of Facility: Commissary Restaurant Rental Kitchen Other _____

Name of Commissary/Approved Facility: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: () _____ Mobile: () _____

I, the commissary/AF owner/operator, can and will provide the necessary facilities, as indicated by the applicant, at my approved 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, AF Owner/Agent Email

OUT-OF-COUNTY COMMISSARY/APPROVED FACILITY

Enclose a copy of a valid Environmental Health Permit and obtain REHS signature from designated county. The above checked requirements are available at the proposed commissary/approved facility.

 Print Name Signature of Approval, REHS Date

FOR OFFICE USE ONLY		
Commissary/Approved Facility Within Santa Clara County:		
Dist. Staff Initials: _____	Emp # _____	Date: _____
Sr. Staff Initials: _____	Emp # _____	Date: _____
FA# _____	Owner ID# _____	PR# _____