



MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

260 E. 15th Street, Merced, CA 95341
(209) 381-1100, fax (209) 384-1593

COMMISSARY APPROVAL FORM

MOBILE FOOD FACILITY INFORMATION:

FA000 _____

Business Name: _____ Telephone# _____

Name of Operator: _____ Vehicle License Plate #: _____

Address of Operator: _____

Vehicle Overnight Parking Location: _____

Please list the foods offered for sale: _____

COMMISSARY INFORMATION:

Business Name: _____ Telephone # _____

Address: _____ FA000 _____ (if in Merced County)

*Attach a copy of the commissary's health permit for out of county facilities.

This commissary will provide the following services for the vehicle listed above (check all that apply):

- Supply food products
Store dry food and food related products
Supply janitorial & utensil washing facilities
Dispose of liquid waste (prohibitions)
Supply potable water
Store refrigerated foods
Store frozen foods
Prepare food
Dispose of solid waste

Sections 114295(a) of the California Retail Food Code (CALCODE) Law require that the vehicle be operated from an approved commissary, and that the vehicle be taken to the commissary at least once each operating day.

By signing below, I verify the above-specified Mobile Food Facility Operator is approved to use this commissary location each operating day.

Authorized Commissary Representative Signature Printed Name Date

By signing below, I verify that I will visit the commissary mentioned above at least once during each operating day. Additionally, I understand and verify I am not preparing or storing food or beverage items at a residential location.

Mobile Food Facility Owner/Operator's Signature Printed Name Date

Office Use Only
Received / reviewed by _____ date _____ FA000_____/ PE _____ commissary list count: _____ of _____ max _____