CONTRA COSTA HEALTH SERVICES

CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
2120 DIAMOND BOULEVARD, SUITE 200
CONCORD, CA 94520
(925) 692-2500 (925) 692-2502 FAX
http://cchealth.org/eh/

FORM B

COMMISSARY AGREEMENT*

I hereby declare that I hold a valid environmental health permit to operate a commissary as defined by the California Retail Food Code, Chapter 10 meeting the California Retail Food Code, Section 114294-114297 and 114326 commissary requirements *Note: Include copy of valid Health Permit for out-of-county commissaries.

_____
Commissary Name

_____
Commissary Address (City, State, Zip)

_____ _____
Telephone Email

I hereby declare and certify that _____, with license plate _____ is operating out of the above
Vehicle Name License Plate #

commissary. This commissary agreement is valid until _____ (CC County MFF permits expire at the end of the calendar year).
Date

I understand and agree to provide the following requirements for the above Mobile Food Facility: (Check all that apply)

- ☐ Mobile food facility overnight parking/ storage area.
- ☐ Enclosed cover/ adequate space for overnight storage for carts.
- ☐ Mobile food facility electrical hook up connection.
- ☐ Food preparation/handling area with available handwash sinks.
- ☐ Commercial cooking kitchen
- ☐ Sufficient food/utensil storage space will be provided and designated for each mobile food facility inside the commissary.
- ☐ Refrigeration storage ❑ Freezer Storage ❑ Dry Good Storage ❑ Utensil Storage
- ☐ Utensil washing area (warewash sinks/ mechanical warewash machine)
- ☐ Liquid waste from the Mobile Food Facility discharged to: ❑ Mop Sink ❑ Wash Pad
- ☐ Hot and cold potable water, protected from potential back flow, available for the mobile food facility.
- ☐ Approved restrooms available for the mobile food facility operators.
- ☐ Consumable / Non-consumable ice (please circle)
- ☐ Garbage and rubbish disposed of in a sanitary manner.

I will notify Contra Costa Environmental Health by written document, of any change in the status of my operation, my environmental health permit, when this commissary agreement is terminated or when the MFF fails to utilize the services checked above at this commissary.

_____ _____
Signature (Commissary Representative) Date

_____
Print Name (Commissary Representative)

ENVIRONMENTAL HEALTH DEPARTMENT:

If commissary establishment is outside of Contra Costa County, the local environmental health jurisdiction shall verify current commissary health permit by signing below. Food establishment is in _____ County. Facility above meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. The above checked requirements are available at the proposed commissary.

_____ _____ _____
Signature (County REHS) Date Telephone Number

_____ _____ _____
Print Name (County REHS) REHS # E-Mail Address