



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



FORM
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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.

For multiple commissaries, submit a completed commissary form for each location.

***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 _____ (Contra Costa County Mobile Food Facility (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