



Commissary Verification Form for Mobile Food Facilities (MFFs) and Mobile Support Units (MSUs)

Classification of MFF:	<input type="checkbox"/> MFF 1 <input type="checkbox"/> MFF 2 <input type="checkbox"/> MFF 3 <input type="checkbox"/> MFF 4 <input type="checkbox"/> MFF 5 <input type="checkbox"/> MSU
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Mobile Food Facility Business Owner to Complete This Section	
DBA	Operating Location(s)
Registered Owner Name(s)	Owner Address
Business Phone	Mobile Phone
License Plate Number	Vehicle Make/Model

By signing below, I agree under penalty of perjury that I will report to this commissary with my MFF at least once each operating day for the use of the facilities and/or services which I have indicated below. I understand that the use of personal or other unpermitted vehicle to transport foods to my MFF is prohibited.

I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 1390 Market Street, Suite 210, San Francisco, CA 94102, immediately if I move to a new commissary or otherwise stop operating at this commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit.

Registered Owner/Officer Printed Name	Registered owner Signature	Date

Commissary Owner	MFF Owner/Applicant
Select each facility/service you provide MFF owner/applicant at this commissary	Initial the lines below to indicate, under penalty of perjury, the service(s)/operation(s) you will utilize/conduct exclusively at this commissary
<input type="checkbox"/> Space for onsite storage of this MFF/MSU at all times it is not conducting business	_____
<input type="checkbox"/> Adequate and protected space to store food, utensils, equipment and other supplies	_____
<input type="checkbox"/> Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes	_____
<input type="checkbox"/> Adequate and approved space for food preparation	_____
<input type="checkbox"/> Dedicated electrical outlets and hook-ups for MFFs that require electrical service	_____
<input type="checkbox"/> Potable water with quick disconnect features for filling water supply tanks	_____
<input type="checkbox"/> Hot and cold water under pressure and approved drainage for cleaning MFF/MSU	_____
<input type="checkbox"/> NSF approved equipment for food prep, cleaning, and storage of supplies	_____
<input type="checkbox"/> Approved janitorial sink, toilet, utensil washing and hand washing facilities with wall mounted paper towel and liquid soap dispensers	_____
<p>*The MFF applicant must provide a copy of this commissary's health permit and most recent facility health inspection report with this document if the commissary is not permitted by San Francisco Department of Public Health, Environmental Health).</p>	

To Be Completed By Commissary Owner

Commissary DBA	Commissary Address
Commissary Owner Name(s)	Commissary Owner Business Phone Number
Commissary Owner Alternative Phone Number	Agency Issuing Permit to Operate Commissary

I hereby declare that _____, at _____ has my permission to use
MFF Business Name MFF Operating Location
 my approved commissary, _____, at _____
Commissary DBA Commissary Address
 for a period of _____ months to service their Mobile Food Facility or Mobile Support Unit.

I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code.
 I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at 1390 Market Street, Suite 210, San Francisco, CA 94102 if this agreement is terminated or if this MFF has not utilized my commissary for five (5) consecutive days.

I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Health Permit may be jeopardized if found to be in violation of this agreement.

Commissary Owner (Print Name)	Signature	Date

Out of County Commissary/ Approved Facility Authorization by Regulatory Agency

If commissary establishment is outside of San Francisco, the local environmental health jurisdiction must certify the current commissary health permit by signing below. The commissary is in _____ County and meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.

REHS (Print Name)	Signature	Date

For Department of Public Health Use Only

Special application or facility notes: