



Commissary/Catering Facility/Permitted Kitchen Verification Form for Caterers

Commissary owner completes numbers 2, 3 and 4 below and signs the document.

The caterer will then submit the completed document along with the application packet to SFDPH.

1. Caterer

Name(s): _____ Phone #: _____ Fax #: _____

Home Address : _____

Billing Address: _____

DBA: _____

2. Commissary Owner

Name(s): _____ Phone #: _____ Fax #: _____

Commissary DBA: _____ Board of Equalization #: _____

Commissary Address: _____ Business License #: _____

Agency Issuing Permit to Operate for Commissary: _____

I hereby declare that _____ has my permission to use my approved

 Caterer

commissary, _____, at _____

 Commissary DBA Commissary Address

for a minimum period of _____ months for their catering business.

The above mentioned caterer will be operating at my commissary during the following days and hours:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

3. My commissary or permitted kitchen is well maintained, complies with health and safety requirements and will provide the caterer noted above the following facilities and/or services (*check all that apply*):

- Adequate facility for storage of food, utensils, equipment and other supplies
- Adequate facility for sanitary disposal of garbage, refuse and liquid wastes
- Adequate facility for food preparation
- Adequate electrical outlets and electrical hook-ups
- Potable water
- Hot and cold water under pressure for cleaning
- NSF approved equipment

- Approved janitorial sink (mop sink), toilet, utensil washing sinks and food preparation sink
- Approved hand washing facilities with wall mounted paper towel and liquid soap dispensers
- Maintains daily log sheet (check in/out) signed by commissary owner to verify caterers usage of facility

4. I, _____, above mentioned commissary owner, agree to notify SFDPH if the above mentioned caterer has discontinued operating at my commissary. 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 Permit to Operate may be jeopardized if found to be in violation of this agreement.

Commissary Owner (Print Name)	Signature	Date
--------------------------------------	------------------	-------------

Notes: Any permitted food facility may be used as a commissary provided the caterer has reasonable access, use, equipment and storage as noted in the list above (#3).

Provide a copy of the Permit to Operate and most recent Inspection Report of the facility to the caterer for submission to SFDPH.

For Department of Public Health Office Use Only

Special application or facility notes: _____
