



# County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

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Environmental Health Division Manager

Environmental Health Division  
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## MOBILE FOOD FACILITY COMMISSARY AGREEMENT

**MUST BE SUBMITTED ANNUALLY FOR HEALTH PERMIT ISSUANCE**

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### MOBILE FOOD FACILITY (MFF) INFORMATION

Business Name on Vehicle: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I, the MFF owner/operator, will operate out of the commissary listed below and report to the commissary at least once each operating day for cleaning and servicing. I will store the MFF at the approved commissary or another approved location.\* I will notify Environmental Health of any changes to this agreement.

\_\_\_\_\_  
Signature of MFF Owner

\_\_\_\_\_  
Date

\*Overnight storage of a MFF must be at a food facility that has a health permit except for those facilities that sell only prepackaged, non-perishable foods and frozen confections.

### COMMISSARY INFORMATION

Type of Facility:  Commissary  Restaurant  Market  Other \_\_\_\_\_  
Commissary Name: \_\_\_\_\_  
Commissary Owner: \_\_\_\_\_  
Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

I, the Commissary owner/operator, will provide the facilities as checked here for the above listed MFF:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Preparation or packaging of food | <input type="checkbox"/> Refrigerated/frozen food storage | <input type="checkbox"/> Warewashing       |
| <input type="checkbox"/> Potable water supply             | <input type="checkbox"/> Dry food storage                 | <input type="checkbox"/> Restrooms         |
| <input type="checkbox"/> Liquid waste disposal facilities | <input type="checkbox"/> Utensil storage                  | <input type="checkbox"/> Overnight parking |
| <input type="checkbox"/> Waste grease removal             | <input type="checkbox"/> Electrical hook-up               | <input type="checkbox"/> Truck cleaning    |

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date

### For Office Use Only:

MFF: FA# \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Commissary: FA# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**OUT OF YOLO COUNTY COMMISSARY AGREEMENT**

For facilities located outside of Yolo County, the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit. The establishment is in \_\_\_\_\_ County/City.

By signing below, the REHS is verifying that the facility indicated meets the California Retail Food Code: Section 114294-114297. Multiple agreements shall be submitted and approved if services are provided at multiple locations. The checked ( [ ] ) items listed above are available at the proposed facility.

**EHS signature** \_\_\_\_\_ **print name** \_\_\_\_\_

**Business phone**(\_\_\_\_) \_\_\_\_\_