

County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

April Meneghetti, REHS
Environmental Health Division Manager

Environmental Health Division
292 West Beamer Street, Woodland, CA 95695
Phone (530) 666-8646 Fax (530) 669-1448

MOBILE FOOD FACILITY COMMISSARY AGREEMENT

MUST BE SUBMITTED ANNUALLY FOR HEALTH PERMIT ISSUANCE

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: _____

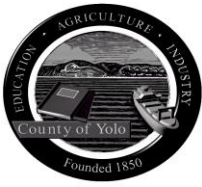
OUT OF YOLO COUNTY COMMISSARY AGREEMENT

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(____) _____



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Restroom Agreement for Retail Food Facilities

Food Facility Information

FA# _____

Business Name: _____

Business Address: _____ City: _____ Zip: _____

Owner Name: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

I have access to the restroom facilities at the business below during business hours and I am located less than 200 feet from the restroom facilities. If restroom facilities are unavailable, I am required to stop food sales immediately.

Signature of MFF Owner

Date

Restroom Information

Business Name: _____ Phone: _____

Owner Name: _____

Site Address: _____ City: _____ Zip: _____

Restroom Requirements:

- | | |
|--------------------------------------|--|
| ✓ Toilets in good repair | ✓ Handwashing sink with hot and cold water |
| ✓ Smooth cleanable surfaces | ✓ Paper towels in a dispenser |
| ✓ Toilet paper in a dispenser | ✓ Liquid soap in a dispenser |
| ✓ Ventilation fan or openable window | ✓ Hours restroom is available: _____ |

I, the business owner/operator, will provide restroom facilities for the operators of the above-mentioned retail food facility at my business and I understand that the restroom facilities are subject to Environmental Health inspection. I will be responsible for maintaining the restrooms.

Signature of Restroom Owner

Date

ELECTRICAL REQUIREMENTS – “PLUG-IN” AGREEMENT or GENERATOR PROVIDED (circle one)

Owner/Applicant of the above facility _____ has access and permission to use electrical outlet(s) for food handler’s at _____ (“plug-in”/restroom location) during the following days/times: _____

Property Owner/Manager: (print name): _____

Property Owner/Manager: (signature): _____