



Public Health Services  
 Environmental Health  
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## OUT-OF-COUNTY MOBILE FOOD FACILITY COMMISSARY AGREEMENT LETTER

For facilities located OUTSIDE Orange County

Type of Mobile Food Facility (MFF):		<input type="checkbox"/> Pre-packaged Food	<input type="checkbox"/> Unpackaged Food																		
Name of Business (DBA)		Business Phone																			
Mailing Address		City	Zip																		
Driver's License #	License Plate #	Make																			
Commissary Name		Commissary Phone																			
Commissary Address		City	Zip																		
<p>The commissary provides the following:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Parking; Space #: _____</td> <td><input type="checkbox"/> Cold Storage</td> <td><input type="checkbox"/> Frozen Food Storage</td> </tr> <tr> <td><input type="checkbox"/> Dry/ Bulk Storage</td> <td><input type="checkbox"/> Hot 120°F &amp; Cold Water</td> <td><input type="checkbox"/> Wash Down Area</td> </tr> <tr> <td><input type="checkbox"/> Utensil Wash Area</td> <td><input type="checkbox"/> Mop Sink</td> <td><input type="checkbox"/> Icehouse</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Trash</td> <td><input type="checkbox"/> Grease Receptacles</td> </tr> <tr> <td><input type="checkbox"/> Restrooms</td> <td colspan="2"><input type="checkbox"/> Protected Water Source for Each Mobile Unit</td> </tr> <tr> <td><input type="checkbox"/> Food Prep Area &amp; Prep Sink</td> <td colspan="2"><input type="checkbox"/> Other service(s) not listed: _____</td> </tr> </table>				<input type="checkbox"/> Parking; Space #: _____	<input type="checkbox"/> Cold Storage	<input type="checkbox"/> Frozen Food Storage	<input type="checkbox"/> Dry/ Bulk Storage	<input type="checkbox"/> Hot 120°F & Cold Water	<input type="checkbox"/> Wash Down Area	<input type="checkbox"/> Utensil Wash Area	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Icehouse	<input type="checkbox"/> Electrical	<input type="checkbox"/> Trash	<input type="checkbox"/> Grease Receptacles	<input type="checkbox"/> Restrooms	<input type="checkbox"/> Protected Water Source for Each Mobile Unit		<input type="checkbox"/> Food Prep Area & Prep Sink	<input type="checkbox"/> Other service(s) not listed: _____	
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<p>_____ (MFF Owner) of _____ (MFF DBA) is authorized to use this Commissary for the above-mentioned service(s) pursuant to California Retail Food Code, Chapter 10. I will notify Orange County Environmental Health in writing and within 30 days of the termination of this agreement and/or when the mobile food facility no longer utilizes my facility as required.</p>																					
Commissary Owner Name																					
Signature		Date																			
<p>The local Environmental Health Department shall verify that the commissary and/or kitchen has a current health permit by signing below. The establishment is in _____ County. The facility indicated in this document meets applicable sections of California Retail Food Code, Chapter 10. The checked items listed above are available at the proposed facility.</p>																					
REHS Name and Title		Phone																			
REHS Signature		Date																			
Commissary Permit Record #																					

This agreement must be updated and submitted annually with permit renewal or upon change in commissary location

Office Use Only	PR# _____ MFF DBA _____ Approved by _____
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