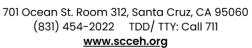


County of Santa Cruz

HEALTH SERVICES AGENCY

Environmental Health Division





COMMISSARY VERIFICATION FORM- MOBILE FOOD FACILITY AND MOBILE SUPPORT UNIT

Type of Facility: ☐ Mobile Food Facility (MFF)		☐Mobile Support Unit (MSU)	
MFF/MSU Business Name (Na	me on truck or cart):		
License Plate Number:	Phor	ne Number: ()	
Owner Name:		_	
Owner Mailing Address:		City:	Zip Code:
Where do you primarily operat	e in Santa Cruz County? P	lease list address: _	
commissary at least once each	n operational day for clear	ning and servicing (C	mmissary and shall report to the .R.F.C. sec 114295). If the use of the al Health Division (831) 454-2022 to
Signature MFF/MSU Owner		Date	
COMMISSARY INFORMATION	I		
Commissary Business Name:			
Commissary Owner's Name: _			
Commissary Address:		City:	Zip Code:
Phone Number: ()			
Type of Facility: ☐Commissary	/ □Restaurant □Market	□Other	
I, the Commissary Ow mentioned MFF/MSU at my pe	•		ss to necessary facilities for the above
☐Preparation of food	□ Utensil Wash	☐Store refrigerate	ed/frozen food
□Electrical hook-up	☐Store Dry Food	☐Store Supplies	
□Toilet & Hand Washing	☐Overnight Parking	☐Supply Food Pr	oducts
☐Waste Tank Sewage Disposal Facilities		☐Other:	
Provide a copy of the current H	lealth Permit for commiss	aries located outsid	e of Santa Cruz County.
Signature of Commissary Owner/Operator			Date
	For Offic	ial Use Only	
Santa Cruz Count EHS Approval:		Da	ate:
Comr	nissary Authorization Loc	cated Outside Sant	a Cruz County
The following must be complet outside Santa Cruz County:	ted by the local Environme	ental Health inspecti	on agency for commissaries located
This Department does not object business.	ect to the listed food estab	lishment being used	l as a commissary for the above
County of	Environmental Health Approval:		Date: