



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

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OUT-OF-COUNTY MOBILE FOOD FACILITY COMMISSARY AGREEMENT LETTER

For facilities located OUTSIDE Riverside County

TYPE OF MOBILE FOOD FACILITY (MFF): PRE-PACKAGED FOOD NON-PREPACKAGED FOOD

MOBILE FOOD FACILITY NAME/DBA _____ MOBILE FOOD FACILITY OWNER NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

DRIVER'S LICENSE # _____ VEHICLE LICENSE # _____ YEAR and MAKE/MODEL of VEHICLE _____

COMMISSARY NAME/DBA _____ COMMISSARY OWNER NAME _____

COMMISSARY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ COMMISSARY PHONE # _____

Check all that apply:

<input type="checkbox"/> Adequate designated storage space: <input type="checkbox"/> Cold storage <input type="checkbox"/> Dry / bulk storage	<input type="checkbox"/> Waste water disposal method: <input type="checkbox"/> Mop sink <input type="checkbox"/> Wash pad
<input type="checkbox"/> Hot and cold water available	<input type="checkbox"/> Food preparation area and approved preparation sink
<input type="checkbox"/> Utensil washing area	<input type="checkbox"/> Frozen food storage
<input type="checkbox"/> Overnight storage with electrical power	<input type="checkbox"/> Vehicle and/or cart washing area
<input type="checkbox"/> Protected water source for EACH mobile unit	Sanitary Disposal of: <input type="checkbox"/> Grease <input type="checkbox"/> Garbage
<input type="checkbox"/> Other service(s) not listed above:	

_____ (Mobile Food Facility Owner) of _____ (Mobile Food Facility DBA) is authorized to use my facility for the above mentioned service(s) pursuant to California Retail Food Code, Chapter 10. I will notify Riverside 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.

COMMISSARY OWNER'S SIGNATURE _____ Date _____

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 California Retail Food Code Sections 114294-114297. The checked items listed above are available at the proposed facility.

REHS Name (please print) Title _____ ()

REHS Signature Date _____ Contact Phone Number _____

E-mail Address _____

THIS AGREEMENT MUST BE UPDATED AND SUBMITTED ANNUALLY WITH PERMIT RENEWAL OR UPON CHANGE IN COMMISSARY LOCATION

FOR OFFICE USE ONLY

Record ID # _____ Decal # _____ Space # _____ Approved by: _____

Distribution: White- File; Yellow- Mobile Food Facility Owner

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org