



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

COMMISSARY SCHEDULE	
OWNER NAME (PRINT):	(SIGN):
NAME OF BUSINESS (DBA):	OWNER PHONE #:
LOCATION OF OPERATION (Address, cross streets, or route):	
COMMISSARY:	COMMISSARY PHONE #:
DATE OF SUBMITTAL:	

Fill out the table below with the time that you **check in** at your commissary in the morning and the time that you **drop off** your mobile food facility at the end of your operating day.

The enforcement agency shall review and approve the commissary schedule prior to implementation and the yellow copy shall be kept on the mobile food facility at all times. The following must be completed and returned to this office for approval *before a permit is issued.*

Any change to your schedule will require prior approval by this Department.

<i>Day</i>	<i>Pick Up Time</i>	<i>BUSINESS HOURS</i>	<i>Drop Off Time</i>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**FAILURE TO COMPLY WITH THE TERMS LISTED ON THIS DOCUMENT
MAY RESULT IN LEGAL ACTIONS BEING BROUGHT AGAINST YOU.**

For Office Use Only:	
Approved By: _____	Date: _____