COLLANT OF RIVERSON

County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

OUT-OF-COUNTY MOBILE FOOD FACILITY COMMISSARY AGREEMENT LETTER

For facilities located **OUTSIDE** Riverside County

TYPE OF MOBILE FOOD FAC	ILITY (MFF): L	PRE-PACKAG	ED FOOD		PREPACKAGED FOOD	
MOBILE FOOD FACILITY NAME/DBA				MOBILE FOOD FACILITY OWNER NAME		
					()	
MAILING ADDRESS	CITY	STATI	E	ZIP CODE	() PHONE #	
DRIVER'S LICENSE #	VEHICLE LICE	NSE #		YEAR and MAK	E/MODEL of VEHICLE	
COMMISSARY NAME/DBA				COMMISSARY	OWNER NAME	
COMMISSARY ADDRESS	CITY	STATI	E	ZIP CODE	() COMMISSARY PHONE #	
Check all that apply:						
Adequate designated storage space: ☐ Cold storage ☐ Dry / bulk storage			Waste water disposal method: ☐ Mop sink ☐ Wash pad			
☐ Hot and cold water available			☐ Food preparation area and approved preparation sink			
☐ Utensil washing area			☐ Frozen food storage			
☐ Overnight storage with electrical power			☐ Vehicle and/or cart washing area			
☐ Protected water source for EACH mobile unit				Sanitary Disposal of: Grease Garbage		
☐ Other service(s) not listed al	pove:					
facility for the above mentione Environmental Health in writing utilizes my facility as required.	g and within 30 days of	to California the termination	Retail Foo	od Code, Chapte greement and/or	ood Facility DBA) is authorized to use my er 10. I will notify Riverside County when the mobile food facility no longe:	
COMMISSARY OWNER'S SIGNATURE				Date		
establishment is in		County.			ealth permit by signing below. The	
REHS Name (please print)	ne (please print) Title			() Contact Phone Number		
REHS Signature		Date		E-mail Address		
THIS AGREEMENT MUST		D SUBMITT IN COMMI			PERMIT RENEWAL OR UPON	
FOR OFFICE USE ONLY						
Record ID #	Decal #	Space	#	Approved by	y:	

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