



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

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MOBILE FOOD FACILITY
COMMISSARY AGREEMENT LETTER

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

MOBILE FOOD FACILITY NAME/DBA MOBILE FOOD FACILITY OWNER

MAILING ADDRESS CITY STATE ZIP CODE PHONE #

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

OPERATING ADDRESS (Location or description of route is acceptable.) ***Required for approval***

Mr./Mrs./Ms. has my permission to use my commissary/food facility for cleaning and storing of his/her mobile food facility. **To qualify as an approved commissary for a prepackaged mobile food facility, you must comply with items 1-8 below. To qualify as a commissary for a non-prepackaged mobile food facility you must receive approval from this department and comply with items 1-9:

- 1) Provide an approved area for the storage of the mobile food facility.
2) Provide an approved area with floor drains for cleaning and maintenance of the mobile food facility.
3) Provide direct access to an approved floor sink for proper wastewater disposal from holding tanks and ice bins.
4) Provide an approved area for the storage and preparation of food products and supplies, with approved properly installed equipment.
5) Maintain a valid environmental health permit.
6) Post and maintain a daily log sheet where the mobile food facility can check in and out each day.
7) Maintain your commissary in a satisfactory condition as determined by this Department.
8) Provide potable water for filling the water tanks of each mobile food facility that requires potable water.
9) Provide a food grade potable water hose that can only be attached to a potable water line and is used solely for the purpose of filling water tanks.

Note: Once approved as a mobile food facility commissary, you must also agree to notify the local Environmental Health office within thirty (30) days if the above mentioned mobile food facility has not utilized your facility, as required. You must also certify under penalty of perjury that you are the legal owner and/or operator of this food facility and will abide by the contents of this letter.

COMMISSARY NAME/DBA COMMISSARY OWNER'S NAME

COMMISSARY ADDRESS CITY STATE ZIP CODE COMMISSARY PHONE #

COMMISSARY OWNER'S SIGNATURE DATE

* Your permit to operate as a mobile food facility commissary will be jeopardized if you are found in violation of this agreement.

THIS AGREEMENT MUST BE UPDATED AND RESUBMITTED ANNUALLY

FOR OFFICE USE ONLY
Record ID # Decal # Space # Approved by:

Submit all copies of this agreement to the Mobile Food Facilities Program for final approval.

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