



Department of Public Health
Environmental Health Division
 PO BOX 11867, Fresno, CA 93775-1867, 1221 Fulton Street, (559) 600-3357
 www.fcdph.org

COMMISSARY AUTHORIZATION 2020

Operator initials this box upon receiving a copy of this completed form →

Vehicle Facility Information	FA	PR	PE
Vehicle Business Name	Vehicle License Plates: 		
Vehicle Business Owner	Business Owner	Business Owner Home Phone	
Vehicle Owner Address	Business Owner Address	Business Owner Cell Phone	
Vehicle City, State, ZIP	Business Owner City, State, ZIP	Business Owner Email Address	
Food Manager's Name (Unpackaged PHF only):		Date Certified: <input type="checkbox"/> <u>ServSafe</u> <input type="checkbox"/> <u>Prometric</u> <input type="checkbox"/> <u>NRFSP</u> <input type="checkbox"/> <u>360 Training</u>	
<p>Under penalty of perjury, by signing below, I certify that I and/or my employee(s) will use the commissary identified below for all of the indicated services and I will not store food, utensils, vehicles or any other item for retail use at any private home or other unapproved facility as determined by the Environmental Health Division. Furthermore, if I decide to change commissaries in the future, then I will complete another Commissary Authorization form and submit it to the Environmental Health Division office for approval before I start using the new commissary.</p>			
Signature of Vehicle Business Owner:	Print Name	Date Signed	

Commissary Information (to be completed by Commissary owner/authorized representative)

Commissary Business Name	Business Owner		
Commissary Business Address	City	ZIP	Phone
Permit Expiration Date	Commissary is located in what County? <input type="checkbox"/> FRESNO , <input type="checkbox"/> Other county: <i>If other county, please complete the back side of this form</i>		

Authorization (to be completed by Commissary owner/authorized representative)

Under penalty of perjury, by signing below, I, the undersigned, on behalf of the above-identified commissary, will provide the services checked below for the vehicle(s) identified in the "Vehicle Facility Information" section above and its owner(s) or operator(s). The commissary has the capability and capacity to provide the services checked below (check all that apply):

<input type="checkbox"/> Disposal of waste water from vehicle waste water tank(s)	<input type="checkbox"/> Supply of ice for keeping prepackaged foods cold
<input type="checkbox"/> Supply of potable water for vehicle water holding tank(s)	<input type="checkbox"/> Storage of food and related supplies
<input type="checkbox"/> Use of facility for cleaning and servicing vehicle(s)	<input type="checkbox"/> Supply of food product(s)
<input type="checkbox"/> Storage of vehicle(s), including on days when vehicle(s) is not operating	<input type="checkbox"/> Use of utensil washing facilities
<input type="checkbox"/> Supply of ice for consumption (must be from an indoor ice machine)	<input type="checkbox"/> Use of food preparation facilities

The vehicle identified above and its owner(s) or operator(s) is hereby granted use of this commissary as indicated above until **April 1, 2021**. The California Retail Food Code requires that food vehicles operate from approved food facilities. Food vehicles are to report to the commissary at least once each operating day for cleaning and servicing operations. **On behalf of above-identified commissary, I agree to IMMEDIATELY notify the Fresno County Department of Public Health, Environmental Health Division at 559-600-3357, if the vehicle business owner/operator discontinues use of the commissary or if we discontinue their use of this commissary.**

Commissary Owner/Authorized Representative Signed	Print Name and Title	Date
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COMPLETE THE REVERSE SIDE IF COMMISSARY IS LOCATED OUTSIDE FRESNO COUNTY

Commissary Authorization, Commissaries Located Outside Fresno County

The following must be completed by the local Environmental Health inspection agency for commissaries located outside Fresno County:

	FA	PR	PE
This department does not object to the listed food establishment being used as a commissary for the business identified on the first page. The food establishment has the following two items:			
<input type="checkbox"/> 1. Current Permit to Operate issued by this department	Permit Expiration Date:		
<input type="checkbox"/> 2. Current Food Safety Manager	Food Safety Manager's Name	Date Certified	
Signature of REHS:		Date	
County of		Phone	