

## Environmental Health Division 800 S. Victoria Avenue, Ventura CA 93009-1730 TELEPHONE: 805/654-2813 or FAX: 805/654-2480 https://vcrma.org/en/divisions/environmental-health

## **COMMISSARY AGREEMENT LETTER**

## PART A: MOBILE FOOD FACILITY VENDOR INFORMATION

New Permit Renewal FA #
Owner Name
Business Name
Business Phone Number
Business Address  Vehicle License Number
VIN Number
Vehicle make, model, year & color
CHECK ONE:
<u>TYPE 2</u> – Ice cream truck/cart; catering truck with only packaged foods;
fish truck; grocery truck with eggs, cheese or milk. $\square$
<u>TYPE 3</u> – Hot dog cart/trailer; coffee/cappuccino cart/trailer;
churro/pretzel cart; shaved ice cart. □
TYPE 4 – Catering truck; mobile kitchen. □
PART B: MOBILE FOOD FACILITY OPERATOR DECLARATION
I, the owner/permit holder of the Mobile Food Facility (MFF) noted above, agree to us this commissary for servicing and storage of my MFF daily. I understand that if I do not use the commissary, as required, my Environmental Health permit will be suspended, ar I must stop operating until I obtain another commissary and provide proof to the Ventus County Environmental Health Division.
SIGNATURE (MFF owner/permit holder)  DATE

## PART C: COMMISSARY INFORMATION Commissary Name: Telephone: \_\_\_\_\_ Commissary Address: City/State/Zip: Out-of-County Commissary Provide a Copy of the Current Permit to Operate I agree to provide the following in compliance with the California Retail Food Code, requirements: (Check all that apply): Mobile Food Facility storage space □ Food preparation area □ Utensil washing area □ Liquid waste disposal to: Mop □ Sink □ Wash Pad □ Garbage and rubbish disposed □ Hot and cold potable water, protected from potential backflow, available for the mobile food facility □ Approved restrooms available for the mobile food facility operators $\Box$ Electrical outlets for units that require electrical service $\Box$ Sufficient food/utensil storage space designated for each mobile food facility □ The Mobile Food Facility listed above is assigned Space \_\_\_\_\_ PART D: COMMISSARY OPERATOR DECLARATION I agree to notify the Ventura County Environmental Health Division by written document, phone call, or e-mail upon termination of this agreement and/or when the operator no longer uses these facilities in compliance with state laws. This commissary agreement is valid until \_\_\_\_\_\_\_ SIGNATURE (Commissary Representative)

DATE

POSITION / TITLE