

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

## **COMMISSARY AGREEMENT LETTER**

## PART A: MOBILE FOOD FACILITY VENDOR INFORMATION

New Permit	: Renewal	FA#
Owner Nam	ne	
Business N	ame	
Business A	ddress	
VIN Numbe	r	
Vehicle mal	ke, model, year & color	
CHECK ON	IE:	
<u>TYPE 2</u> – Id	ce cream truck/cart; catering tru	ick with only packaged foods;
fi	sh truck; grocery truck with egg	gs, cheese or milk. $\square$
<u>TYPE 3</u> – H	lot dog cart/trailer; coffee/cappu	uccino cart/trailer;
C	hurro/pretzel cart; shaved ice c	eart. □
<u>TYPE 4</u> – C	Catering truck; mobile kitchen. [	
PART B: N	MOBILE FOOD FACILITY OPE	RATOR DECLARATION
this commisuse the com I must stop	ssary for servicing and storage nmissary, as required, my Enviro	ood Facility (MFF) noted above, agree to use of my MFF daily. I understand that if I do not onmental Health permit will be suspended, and commissary and provide proof to the Ventura
SIGNATUR	E (MFF owner/permit holder)	DATE

## 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

PART C: COMMISSARY INFORMATION

POSITION / TITLE