FA#_____
PR#_____
CT#_____

County of Sacramento

Environmental Management Department, Environmental Health Division
10590 Armstrong Avenue • Mather, CA 95655, Ph: (916) 875-8440 • Fax: (916) 875-8513
www.**emd.saccounty.net**

COMMISSARY or MSU VERIFICATION

MOBILE FOOD FACILITY (MFF)/ Multi Event Vendors (MEV)

MFF BUSINESS INFORMATION

Your Business Information

Where do you primarily operate in Sacramento County?
Please list the area(s) and / or addresses * :

Type of Facility: ☐ **MEV** ☐ **MFF – Cat. A (Food prep. at commissary)** ☐ **MFF – Cat. B** ☐ **MFF –Cat. C** ☐ **MFF- Cat. D**

MFF Business Name (Name on vehicle or cart): _____

License Plate Number: _____

Owner Name: _____

Owner Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: (Home) ( ) (Mobile) ( )

COMMISSARY INFORMATION

Your Commissary information

Type of Facility: ☐ Commissary ☐ MSU ☐ Restaurant ☐ Market ☐ Other

Commissary Business Name: _____

Commissary Owner's Name: _____

Commissary Address: _____ City: _____ Zip Code: _____

Phone Number: (Business) ( ) (Mobile) ( )

I, the above-mentioned MFF owner/operator will operate out of the above mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) [C.H.S.C. Sec. 114297]. I will store the MFF at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (916)875-8440 to make the necessary changes.

[ ] Preparation or packaging of food
[ ] Electrical hook-up
[ ] Toilet & handwashing
[ ] Waste tank/ sewage disposal facilities
[ ] Potable water supply
[ ] Warewashing
[ ] Dry food storage
[ ] Waste grease removal
[ ] Overnight parking
[ ] Refrigerated/ frozen food storage
[ ] Supplies storage
[ ] Supply food products

_____ _____
Signature of MFF Owner Date

I, the Commissary Owner/Operator, can and will provide the necessary facilities as checked for the above-mentioned MFF at my permitted facility:

_____ _____
Signature of Commissary Owner Date

NOTE: Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate.

Commissary Approval: □ Pending □ Approved □ Disapproved

Verified by: _____ Date_____ Reason: _____

*if you are going to park MFF at one location for longer than one hour, complete the Restroom Verification Form.