

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH DIVISION**

475 Aviation Blvd., Suite 220 ❖ Santa Rosa, CA 95403
(707) 565-6531 ❖ FAX (707) 565-6525 ❖ www.sonoma-county.org

COMMISSARY AGREEMENT Mobile Food Preparation Unit ❖ Mobile Food Facility ❖ Caterer
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To be completed by APPLICANT — Please print or type.

Business Name _____ Env Health ID# _____

Owner/Operator Name _____

Business Mailing Address _____ Suite _____

City _____ State _____ Zip _____ Home Phone _____ Bus. Phone _____

Vehicle VIN _____ License Plate # _____ Reg. Expiration Date _____

Make/Model _____ Year _____ Registered Vehicle Owner _____

I, _____, hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code, California Uniform Retail Food Facilities Law, and the Sonoma County Environmental Health Division, requirements. **Note:** If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

Signature _____ Date _____

To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

Commissary Name _____ Env Health ID# _____

Address _____ Bus. Phone _____

City _____ Zip _____ Owner/Operator _____

Check all appropriate services provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Refrigeration equipment |
| <input type="checkbox"/> Potable water | <input type="checkbox"/> Electrical hookups | <input type="checkbox"/> Food storage facilities |
| <input type="checkbox"/> Disposal of rubbish & garbage | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Janitorial sink |
| <input type="checkbox"/> Hot & cold water for vehicle cleaning | <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Overnight vehicle storage |

Other services not listed: _____

List all foods provided by the commissary and company(ies) from which foods are purchased:

Food	Company

I, _____, hereby state that the information I have provided is current, true and correct to the best of my knowledge and meets the California Health & Safety Code requirements.

Signature _____ Date _____