

Rev. 1/18/2023

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 2023

| | Operator initials this box upon receiving a copy of this completed form $ ightarrow$ | | | | |
|---|--|---|---|--|--|
| Vehicle Facility Information | FA | FOOD | | | |
| 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 Other Phone | | |
| Food Manager's Name (Unpackaged PHF only): Da | ate Certified: | ServSafe Prometric 0 Training Above Training | Always Food Safe /State Food Safety NRFSP | | |
| 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. | | | | | |
| Signature of Vehicle Business Owner: | Print Name | | Date Signed | | |
| Commissary Information (to be completed by Commissary owner/authorized representative) | | | | | |
| Commissary Business Name | Busines | ss Owner | | | |

| Commissary Business Address | C | ity | ZIP | Phone |
|-----------------------------|---|------------------------|-----|-------|
| | | | | |
| | | | | |
| Permit Expiration Date | Commissary is I | ocated in what County? | | |
| | FRESNO , Other county: | | | |
| | If other county, please complete the back side of this form | | | |

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): | | | | | |
|--|---------------------------|-------------------------|----------------------------|--|--|
| Disposal of waste water from vehicle waste water | er tank(s) | Supply of ice for keep | ing prepackaged foods cold | | |
| Supply of potable water for vehicle water holding | ı tank(s) | Storage of food and re | elated supplies | | |
| Use of facility for cleaning and servicing vehicle(s | s) | Supply of food produc | et(s) | | |
| Storage of vehicle(s), including on days when ve | hicle(s) is not operating | Use of utensil washing | g facilities | | |
| Supply of ice for consumption (must be from an i | indoor ice machine) | Use of food preparation | on facilities | | |
| The vehicle(s) identified above and its owner(s) or operator(s) is hereby granted use of this commissary as indicated above. This authorization expires on March 31, 2024. 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 | | |
| | | | | | |
| | | | | | |

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 | F | FOOD | |
|--|---------------------------|----------------------|-------|----------------|--|
| 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: | | | | | |
| ☐ 1. Current Permit to Operate issue | d by this department | Permit Expiration Da | ate: | | |
| ☐ 2. Current Food Safety Manager | Food Safety Manager's Nar | ne | | Date Certified | |
| Signature of REHS: | | | Date | | |
| County of | | | Phone | | |