



SUTTER COUNTY

DEVELOPMENT SERVICES DEPARTMENT

Building Inspection
Code Enforcement

Engineering/Water Resources
Environmental Health/CUPA

Planning
Road Maintenance

COMMISSARY VERIFICATION FORM

MOBILE FOOD FACILITIES (MFF), TEMPORARY FOOD FACILITIES (TFF) AND CATERERS

To be completed by the commissary owner; attach original with your application

Classification

- Caterer MFF TFF
- If MFF: Full Food Prep Limited Food Prep Pre-Packaged Food Only

Owner Information *(MFF, TFF, Caterer)*

Business Name: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Email: _____ Website: _____

Vehicle Make/Model: _____ License Plate: _____
(If applicable)

Commissary Owner Information

Business Name: _____

Business Address: _____

Contact Person: _____ Phone: _____

Email: _____

Agency Issuing Permit for Commissary: _____

If Agency issuing permit is out of County, please attach copy of valid health permit

Water Supply: Public Private Well

I hereby declare that _____ at _____
MFF/TFF/Caterer Owner/Operator MFF/TFF/Caterer Business Name

Has my permission to use my approved commissary _____,
Commissary Name

located at _____
Commissary Address

My commissary is well maintained, in compliance with the California Retail Food Code and will provide the MFF, TFF or Caterer the following approved facilities:

- Adequate facility for storage of food, utensils and other supplies.
- Adequate facility for storage of MFF at end of the day or when not in use.
- Adequate facility for the sanitary disposal of garbage and liquid wastes.
- Adequate facility for food preparation.
- Potable water for filling water tanks.
- Hot and cold water under pressure for cleaning and sanitizing.
- All equipment is NSF approved (refrigerators, freezers, etc.).
- Approved janitorial sink
- Hand sinks with wall-mounted, sanitary hand soap and paper towel dispensers.
- Approved 3-compartment utensil sink.
- If commissary is not permitted by this office: Provide copy of commissary's most recent facility inspection report and current health permit from permitting county.

I, _____ (Commissary Owner) agree to notify Sutter County Environmental Health at 530.822.7400 if the above mentioned MFF, TFF or Caterer has discontinued its use of my commissary or has not utilized this commissary per operational requirements.

I certify that I am the legal owner/operator of this facility and the information provided in this document is true. I am aware that my permit to operate as a commissary may be jeopardized if I am found to be in violation of this agreement.

Signature of commissary owner/operator

Date

Printed name of commissary owner/operator