



Commissary "Food Headquarters" Verification Form for Mobile Food Facilities (MFFs)

Mobile Food Facility Business Owner to Complete This Section		
DBA	Registered Owner Name(s)	Owner Address
License Plate Number	Vehicle Make/Model	Mobile Phone

MFF Owner/Applicant	
Indicate the service(s)/operation(s) you will utilize/conduct exclusively at the commissary	
Space for onsite storage of this MFF/MSU at all times it is not conducting business	<input type="checkbox"/> YES <input type="checkbox"/> NO
Adequate and protected space to store food, utensils, equipment and other supplies	<input type="checkbox"/> YES <input type="checkbox"/> NO
Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Adequate and approved space for food preparation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dedicated electrical outlets and hook-ups for MFFs that require electrical service	<input type="checkbox"/> YES <input type="checkbox"/> NO
Potable water with quick disconnect features for filling water supply tanks	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hot and cold water under pressure and approved drainage for cleaning MFF/MSU	<input type="checkbox"/> YES <input type="checkbox"/> NO
NSF approved equipment for food prep, cleaning, and storage of supplies	<input type="checkbox"/> YES <input type="checkbox"/> NO
Approved janitorial sink, toilet, utensil washing and hand washing facilities	<input type="checkbox"/> YES <input type="checkbox"/> NO

To Be Completed by Commissary Owner		
Commissary DBA	Commissary Address	
Commissary Owner Name(s)	Commissary Owner Business Phone Number	
I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code. I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at 49 South Van Ness, Suite 600, San Francisco, CA 94103 if this agreement is terminated or if this MFF has not utilized my commissary for five (5) consecutive days. I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Health Permit may be jeopardized if found to be in violation of this agreement.		
Commissary Owner (Print Name)	Signature	Date

Out of County Commissary/ Approved Facility Authorization by Regulatory Agency		
If commissary establishment is outside of San Francisco, the local environmental health jurisdiction must certify the current commissary health permit by signing below. The commissary is in _____ County and meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.		
REHS (Print Name)	Signature	Date
Out of county REHS may email this filled out form to the following email: MOBILEFOOD@SFPDHP.ORG		

By signing below, I agree under penalty of perjury that I will report to this commissary with my MFF at least once each operating day for the use of the facilities and/or services which I have indicated above. I understand that the use of personal or other unpermitted vehicle to transport foods to my MFF is prohibited. I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 49 South Van Ness, Suite 600, San Francisco, CA 94103, immediately if I move to a new commissary or otherwise stop operating at this commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit.		
Registered Owner/Officer Printed Name	Registered owner Signature	Date