



Public Health
Environmental Health Services



FORM
A

**COMMISSARY/COMMERCIAL KITCHEN AGREEMENT
FOR FACILITIES LOCATED **INSIDE** SAN BERNARDINO COUNTY ONLY**

EACH FACILITY THAT PROVIDES SERVICES LISTED BELOW MUST FILL OUT A SEPARATE FORM			
MOBILE FOOD FACILITY INFORMATION			
Vehicle Business Name			
Vehicle Owner's Address		Operator's Driver's License	
Vehicle License Plate # or Cart #		Year and Make of Vehicle	
COMMISSARY & COMMERCIAL KITCHEN (PROVIDE A COPY OF HEALTH PERMIT OR FACILITY #)			
<input type="checkbox"/> COMMISSARY <input type="checkbox"/> COMMERCIAL KITCHEN:		Name (Facility ID #)	
Location		Owner Name or Person in Charge	
City		Zip Code	
Cell Phone #		Alternate Phone #	
Fax #			
Approximate Arrival time:		Return Time at End of Business Day:	
CHECK ALL THAT APPLY			
<input type="checkbox"/> Food Supply Products		<input type="checkbox"/> Utensil Washing Area	
<input type="checkbox"/> Frozen Food Storage		<input type="checkbox"/> Hot and Cold Water Available	
<input type="checkbox"/> Food Preparation Space		<input type="checkbox"/> Waste Water Disposal Method	
<input type="checkbox"/> Sufficient Designated Storage Space		<input type="checkbox"/> Mop Sink <input type="checkbox"/> Wash Pads	
<input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry/Bulk Storage		<input type="checkbox"/> Vehicle and/or Cart Washing Area	
<input type="checkbox"/> Protected Water Source for EACH mobile unit		<input type="checkbox"/> Overnight Storage Equipped with Electrical Power	
<input type="checkbox"/> Other Service(s) not listed above:		NOTE: Covered area required for Carts <input type="checkbox"/> Vehicle <input type="checkbox"/> Cart	
<input type="checkbox"/> Sanitary Disposal of		<input type="checkbox"/> Grease <input type="checkbox"/> Garbage	
<p>I, (Commissary / Commercial Kitchen Owner / Manager) _____ authorize (Mobile Food Facility Owner Name) _____ of (Vehicle Business Name) _____ to use my facility for the above mentioned services, pursuant to California Retail Food Code, Chapter 10. I will notify San Bernardino County Environmental Health Services in writing upon termination of this agreement and/or when the operator no longer uses this facility, in compliance with Public Health regulations.</p> <p>*Note: A new agreement is required at the time of annual permit renewal.</p>			
Commissary / Commercial Kitchen Owner / Manager (Signature) X		Date	
Print Name		Title	
If more than one facility is used to comply with Sections 114294 – 114297 of the California Retail Food Code (CAL CODE), copy this page and include a separate form for each facility.			
At minimum, Commercial Kitchens must be able to supply the following Equipment / facilities: a) Adequate handwash facilities b) Adequate dishwashing facilities (3-compartment sink with dual drain boards) c) Adequate food preparation sink(s) and prep areas d) Adequate commercial refrigeration e) Adequate dry storage space f) Adequate cooking facilities g) Adequate mechanical ventilation h) Adequate janitorial facilities i) Adequate garbage facilities		At minimum, Commissaries serving mobile food preparation units and carts selling unpackaged foods must provide facilities for: a) Liquid waste disposal method to the sanitary sewer e.g., wash pad for trucks or easily accessible mop sink for carts b) Sanitary hookup to a potable (drinking) water supply c) Overnight storage equipped with electrical power	
For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only			
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	