COMMISSARY/ COMMERCIAL KITCHEN AGREEMENT for
Facilities located *OUTSIDE* SAN BERNARDINO COUNTY
***EACH* facility that provides services listed below must fill out a separate form**
Mobile Food Facility Information

FORM B

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

☐ COMMISSARY ☐ COMMERCIAL KITCHEN	Owner Name or Person in-charge
Location	City & Zip Code

Cell Phone #	Alternate Phone#	FAX#

Approximate: **Arrival Time :** am pm **Return Time** at end of business day**:** am pm

(Check ALL that apply)		
☐ Food Supply Products	☐ Utensil Washing Area	☐ Hot and Cold water Available
☐ Frozen Food Storage	☐ Waste Water Disposal Method	☐ Mop Sink ☐ Wash Pad
☐ Food Preparation Space	☐ Vehicle and/or Cart Washing Area	
☐ Sufficient Designated Storage Space ☐ Cold Storage ☐ Dry/ Bulk Storage	☐ Overnight Storage Equipped with Electrical Power **NOTE: Covered area required for Carts**	☐ Vehicle ☐ Cart
☐ Protected Water Source for EACH Mobile Unit	☐ Sanitary Disposal of	☐ Grease ☐ Garbage
☐ Other service(s) not listed above:		

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.

***Note: A new agreement is required at the time of annual permit renewal.**

_____

Commissary / Commercial Kitchen Owner/ Manager *(Signature)* **Today's Date**

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.

Out-of-County Health Department Food Vendor Verification for
Use of Commissary Services and/or Commercial Kitchen

For facilities located outside of San Bernardino County, the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit by signing below. The establishment is in _____County.

The facility indicated in this document meets the California Retail Food Code (CAL CODE): Section 114294 – 114297. A separate form must be submitted and approved if services are provided at multiple locations. The checked items listed above are available at the proposed facility.

_____, REHS Name (Please Print)	REHS# _____ Registration Number	_____ Contact Phone Number
_____ REHS's Signature	_____ Date	_____ E-mail Address

FA #: _____ **FOR OFFICE USE ONLY** **Exp: Date:** _____

PR #:_____ **EHS / Tech Initials:**_____ **Date Reviewed:**_____ **Decal #:**_____