



Public Health
Environmental Health Services



FORM
B

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

EACH FACILITY THAT PROVIDES SERVICES LISTED BELOW MUST FILL OUT A SEPARATE FORM			
MOBILE FOOD FACILITY INFORMATION			
Vehicle Business Name		Mobile Food Facility Owner	
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		Owner Name or Person in Charge	
Location		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"/> Waste Water Disposal Method	
<input type="checkbox"/> Food Preparation Space		<input type="checkbox"/> Vehicle and/or Cart Washing Area	
<input type="checkbox"/> Sufficient Designated Storage Space		<input type="checkbox"/> Overnight Storage Equipped with Electrical Power	
<input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry/Bulk Storage		NOTE: Covered area required for Carts <input type="checkbox"/> Vehicle <input type="checkbox"/> Cart	
<input type="checkbox"/> Protected Water Source for EACH mobile unit		<input type="checkbox"/> Sanitary Disposal of	
<input type="checkbox"/> Other Service(s) not listed above:		<input type="checkbox"/> Grease <input type="checkbox"/> Garbage	
<p>I, owner/manager of stated Commissary/Commercial Kitchen above, authorize Mobile Food Facility Owner, as stated above, of vehicle business stated above 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	
<p>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.</p>			
Out-of-County Health Department Food Vendor Verification for Use-of-Commissary Services and/or Commercial Kitchen			
<p>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.</p> <p>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.</p>			
REHS (Signature) X		Date	Contact Phone #
REHS Name (Print Please)		REHS Registration #	Email Address
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):	