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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 (MFF) INFORMATION											
Vehicle Business Name:											
Vehicle Owner's Address:											
Operator's Driver License:											
Vehicle License Plate Number or Cart Number:				Year and Mak	Make of Vehicle:						
COMMISSARY/COMMERCIAL KITCHEN											
(PROVIDE A COPY OF HEALTH PERMIT OR FACILITY NUMBER)											
☐ Commissary ☐ Comm	Owner Name or Person In Charge:										
Name (Facility ID Number):											
Location:			City:		Zip Code:						
Cell Phone Number:		Alterna	ate Phone:		Fax Number:						
Approximate Arrival Time:		Return Time at End of Business Day:									
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 Pads							
☐ Food Preparation Space		☐ Vehicle and/or Cart Washing									
☐ Sufficient Designated Storage Space		Overnight Storage Equipped with Electrical Power									
☐ Cold Storage ☐ Dry/Bulk Storage		NOTE: COVERED AREA REQUIRED FOR CARTS									
-		☐ Cart ☐ Vehicle									
☐ Protected Water Source for Each Mobile Unit			☐ Sanitary Disposal of ☐ Grease ☐ Garbag								
☐ Provide Other Service(s) Not L	isted										

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.											
I, (Commissary/Commercial Kitchen Owner/Manager) authorize (MFF Owner Name)											
of (Vehicle Business Name) to use my facility for the above mentioned services, pursuant to California Retail Food Code (Cal 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.											
☐ Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.							Date:				
Commissary/Commercial Kitchen Owner/Manager Signature:						Date:					
Print Name:					Title:						
If more than one facility provides services in compliance with sections 114294 – 114297 of the 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 with adequate: a) Handwash facilities b) Dishwashing facilities (three-compartment sink with dual drainboards) c) Food preparation sink(s) and prep areas d) Commercial refrigeration e) Dry storage space f) Cooking facilities g) Mechanical ventilation h) Janitorial facilities i) 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. washpad 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							
Fee:	FA Number:	For (Office Us Record II			PE Nur	mher:				
ree.	Record I		D. FEIN		FEINUI	IIIIDGI.					
Late Fee:	Designated Employee:			Received By:				Date:			
Check One: Changes (please specify): ☐ New ☐ Transfer ☐ Reactivate											