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**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 (MFF) INFORMATION			
Vehicle Business Name:		MFF Owner:	
Vehicle Owner's Address:			
Operator's Driver License:			
Vehicle License Plate Number or Cart Number:		Year and Make of Vehicle:	
COMMISSARY/COMMERCIAL KITCHEN (PROVIDE A COPY OF HEALTH PERMIT OR FACILITY NUMBER)			
<input type="checkbox"/> Commissary <input type="checkbox"/> Commercial Kitchen		Owner Name or Person In Charge:	
Location:		City:	Zip Code:
Cell Phone Number:		Alternate Phone:	Fax Number:
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"/> Hot and Cold Water Available	
<input type="checkbox"/> Frozen Food Storage	<input type="checkbox"/> Waste Water Disposal Method	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Wash Pads
<input type="checkbox"/> Food Preparation Space		<input type="checkbox"/> Vehicle and/or Cart Washing	
<input type="checkbox"/> Sufficient Designated Storage Space <input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry/Bulk Storage		<input type="checkbox"/> Overnight Storage Equipped with Electrical Power NOTE: COVERED AREA REQUIRED FOR CARTS <input type="checkbox"/> Cart <input type="checkbox"/> Vehicle	
<input type="checkbox"/> Protected Water Source for Each Mobile Unit		<input type="checkbox"/> Sanitary Disposal of	<input type="checkbox"/> Grease <input type="checkbox"/> Garbage
<input type="checkbox"/> Provide Other Service(s) Not Listed			

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, owner/manager of stated Commissary/Commercial Kitchen above, authorize MFF Owner, as stated above, of vehicle business stated above 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.

<input type="checkbox"/> 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:
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Commissary/Commercial Kitchen Owner/Manager Signature:	Date:
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Print Name:	Title:
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If more than one facility provides services in compliance with Sections 114294 – 114297 of 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 must 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 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.

Registered Environmental Health Specialist (REHS) Signature:	Date:
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Print REHS Name:	Contact Phone Number:
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REHS Registration Number:	Email Address:
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For Office Use Only

Fee:	FA Number:	Record ID:	PE Number:
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Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
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Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Changes (please specify):
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