



Food Vendor Commissary Authorization

Type of Facility: (Check the appropriate box)

- Mobile Food Facility (MFF) Mobile Food Preparation Unit (MFPU) Mobile Support Unit (MSU)
 Produce Vendor** Vending Machine
 ** (written authorization is required from the Agricultural Commissioner's Office)

Per the California Health and Safety Code, all food vendors are required to operate out of a commissary or a facility approved by Environmental Health Services. This form is to be completed and submitted to Environmental Health Services for review and approval before a Health Permit can be issued or renewed.

Food Vendor Information:

Owner Name: _____
 Business Name: (Name on vehicle or cart.) _____
 Business Address: _____
 Phone Number: (____) _____ Vehicle License Number: _____
 Home Address: _____
 Home Phone Number: (____) _____ Driver's License Number: _____

I understand and agree to notify and receive written approval from Environmental Health Services prior to any change of service provided by the commissary indicated below or any change in the commissary's location. I do hereby agree to comply with California Health & Safety Code regulations pertaining to the approved use of a commissary for the above named mobile food facility.

 (Printed Name of Applicant)

 (Signature of Applicant)

 (Date)

Commissary Information: (A copy of the current Health Permit is required for any commissary not located within the County of Santa Barbara)

Type of Facility: Commissary Restaurant Market Other _____

Commissary Owner Name: _____
 Commissary Business Name: _____
 Business Address: _____
 Business Phone: _____ Health Permit No. _____ Permit Expiration: _____

I, the Commissary Owner/Operator, can and will provide the necessary facilities for the above-mentioned food vendor at my permitted facility as checked below. Prompt written notice of any changes in the use of this commissary will be provided to Environmental Health Services. (Check the appropriate box (s) below.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Wastes disposed | <input type="checkbox"/> Storage of refrigerated foods (see note below) | <input type="checkbox"/> Preparation of food |
| <input type="checkbox"/> Cleaning and services operation | <input type="checkbox"/> Storage of produce (see note below) | <input type="checkbox"/> Store supplies |
| <input type="checkbox"/> Toilet & hand washing | <input type="checkbox"/> Storage of dry food (see note below) | <input type="checkbox"/> Utensil wash |
| <input type="checkbox"/> Potable water fill site | <input type="checkbox"/> Storage of frozen food (see note below) | <input type="checkbox"/> Overnight parking |
| <input type="checkbox"/> Other: _____ | | |

Note: Food products remaining after each day's operation are to be stored only in an approved commissary.

 (Printed Name of Commissary Owner/Operator)

 (Signature of Commissary Owner/Operator)

 (Date)