



**COMMISSARY or MSU VERIFICATION  
MOBILE FOOD FACILITY (MFF)/ MULTI EVENT VENDORS (MEV)/ CATERER**

FA #	
PR#	

**MFF/MEV/CATERER BUSINESS INFORMATION:**

Type of Facility:  MEV     MFF – Cat. A (Food prep. at commissary)     MFF – Cat. B     MFF –Cat. C     MFF- Cat. D (MFF Cat B, C & D must fill out back page)     CATERER

MFF/MEV/Caterer Business Name: \_\_\_\_\_

License Plate Number (if applicable): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (Work) \_\_\_\_\_ Mobile: \_\_\_\_\_

*I, the above-mentioned MFF/MEV/Caterer Owner will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) (Calcode Sec. 114297). I will store the vehicle (if applicable) at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (916)875-8440 to make the necessary changes.*

\_\_\_\_\_  
Signature of MFF/MEV/Caterer Owner

\_\_\_\_\_  
Date

**COMMISSARY INFORMATION:**

Type of Facility:  Commissary     MSU     Restaurant     Market     Other

Commissary Business Name: \_\_\_\_\_

Commissary Owner's Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Commissary Contact Phone: \_\_\_\_\_ MFF Access Hours: \_\_\_\_\_

Y / N Preparation or packaging of food    Y / N Sewage disposal    Y / N Overnight parking    Y / N Toilet & handwashing

Y / N Potable water supply (  hot     cold )    Y / N Warewashing    Y / N Electrical hook-up

Y / N Refrigerated/ frozen food storage    Y / N Garbage    Y / N Supplies storage

Y / N Cleaning Areas drained to wastewater/sewer system    Y / N Dry food storage    Y / N Supply food products

*I, the Commissary Owner/Representative, can and will provide the necessary facilities as checked for the above-mentioned MFF/MEV/Caterer at my permitted facility:*

\_\_\_\_\_  
Signature of Commissary Owner/Representative

\_\_\_\_\_  
Date

**NOTE:** The signature of Commissary Owner must be a wet/original within 30 days of applying for permit. NO COPIES.

**NOTE:** Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate.

Commissary Approval:  Pending     Approved     Disapproved

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

**MFF MENU AND FOOD PREPARATION QUESTIONNAIRE**

(Required to be completed for all new permit or renewal of permit applicants)

**Menu Items:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cooking equipment used on the truck:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cooking equipment used at the commissary:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where are the food items prepared/cooked:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where are the food ingredients/supplies stored:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of MFF Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date



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## OUT OF COUNTY COMMISSARY

Name of MFF: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

If the proposed facility is located outside of Sacramento 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/City.

An REHS signature verifies that the facility indicated in above meets CALCODE Section 114294-114297.

\_\_\_\_\_  
Out of County REHS Name (Please Print)

\_\_\_\_\_  
REHS number

\_\_\_\_\_  
Out of County REHS Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address