

## Commissary Authorization & Permit Application

### Mobile Food Facility/ Caterer(Responsible Party

**For Billing** Owner/Operator Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ ST: \_\_\_\_\_ E-mail: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ VIN or Unit #: \_\_\_\_\_

### Commissary/Food Facility Information

Business Name (DBA) \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Manager or Person in Charge: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

The following services are provided for the mobile food facility /caterer by my food facility: *(Check all boxes that apply)*

<input type="checkbox"/> Adequate space for storage for food, utensils, and other supplies. Storage area will be separated from the food facility's food utensils and other items.	<input type="checkbox"/> A food preparation area for the mobile food facility/caterer to conduct food preparation.
<input type="checkbox"/> Potable water for filling water tanks.	<input type="checkbox"/> Sanitary disposal of wastewater and grease
<input type="checkbox"/> 3 compartment sink for sanitizing utensils	<input type="checkbox"/> Disposal of garbage and refuse
<input type="checkbox"/> Hot and cold water under pressure for cleaning	<input type="checkbox"/> Storage of vehicle/cart

### Mobile Food Facility/Caterer Hours of Operation

Monday Open \_\_\_\_\_ Close \_\_\_\_\_ Friday Open \_\_\_\_\_ Close \_\_\_\_\_

Tuesday Open \_\_\_\_\_ Close \_\_\_\_\_ Saturday Open \_\_\_\_\_ Close \_\_\_\_\_

Wednesday Open \_\_\_\_\_ Close \_\_\_\_\_ Sunday Open \_\_\_\_\_ Close \_\_\_\_\_

Thursday Open \_\_\_\_\_ Close \_\_\_\_\_

### List Times Mobile Facility/Caterer Reports to Commissary

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Imperial County Public Health Department, Environmental Health Division  
 1221 W. State Street, Suite B, El Centro CA 92243  
 Phone: (442) 265-1888 Fax: (442) 265-1903  
[www.icphd.org](http://www.icphd.org)

#### Office Use Only

Date: _____	Amt: _____	Pmt Type: _____
#: _____	FA #: _____	Rcvd by: _____

**Commissary/Food Facility Owner**

INTIAL	I, the commissary owner, operator or agent, authorize the mobile food facility/caterer to store food, containers, equipment, and/or supplies at my food facility. I further agree to allow the mobile facility/caterer to prepare and/or package food for retail sales; clean utensils; utilize the facility's sanitary sewer to dispose of the mobile unit's wastewater; and use food facility's solid waste bins for disposal of the mobile unit's refuse and garbage. Furthermore, I will notify Environmental Health if or when the mobile unit discontinues using my food facility as a commissary for his/her business.
_____	

Commissary Owner's Name: \_\_\_\_\_  
*Please Print*

Commissary Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner of Authorized Agent*

**Billing and Compliance Acknowledgment (Mobile Food Facility/Caterer)**

INTIAL	I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I further understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Department in writing within 10 business days before the change occurs. I acknowledge that failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.
_____	
INTIAL	I hereby certify, under penalty of perjury, that the information supplied on this application is true and correct. The permit issued subsequent to this application shall become VOID AND THE FEE FORFEITED upon falsification of any portion of this application. I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that are now or may here-in-after be in force by the United States Government, State of California, and/or County of Imperial pertaining to the above-named business. I hereby consent to all inspections pertaining to the issuance of this permit and the operation of this business.
_____	

Applicant's Name: \_\_\_\_\_  
*Please Print*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner of Authorized Agent*

**Environmental Health Use Only**

Comments:

Approved by:  Date: \_\_\_\_\_