



**Commissary Verification Form for Mobile Food Facilities (MFFs)  
and Mobile Support Units (MSUs)**

<b>Classification of MFF:</b>	<input type="checkbox"/> MFF 1	<input type="checkbox"/> MFF 2	<input type="checkbox"/> MFF 3	<input type="checkbox"/> MFF 4	<input type="checkbox"/> MFF 5	<input type="checkbox"/> MSU
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<b>Mobile Food Facility Business Owner to Complete This Section</b>	
<b>DBA</b>	<b>Operating Location(s)</b>
<b>Registered Owner Name(s)</b>	<b>Owner Address</b>
<b>Business Phone</b>	<b>Mobile Phone</b>
<b>License Plate Number</b>	<b>Vehicle Make/Model</b>

By signing below, I agree under penalty of perjury that I will report to this commissary with my MFF at least once each operating day for the use of the facilities and/or services which I have indicated below. I understand that the use of personal or other unpermitted vehicle to transport foods to my MFF is prohibited.

I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 49 South Van Ness, Suite 600, San Francisco, CA 94103, immediately if I move to a new commissary or otherwise stop operating at this commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit.

<b>Registered Owner/Officer Printed Name</b>	<b>Registered owner Signature</b>	<b>Date</b>

<b>Commissary Owner</b>	<b>MFF Owner/Applicant</b>
Select each facility/service you provide MFF owner/applicant at this commissary	Initial the lines below to indicate, under penalty of perjury, the service(s)/operation(s) you will utilize/conduct exclusively at this commissary

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|---|-------|
| <input type="checkbox"/> Space for onsite storage of this MFF/MSU at all times it is not conducting business  | _____ |
| <input type="checkbox"/> Adequate and protected space to store food, utensils, equipment and other supplies   | _____ |
| <input type="checkbox"/> Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes   | _____ |
| <input type="checkbox"/> Adequate and approved space for food preparation   | _____ |
| <input type="checkbox"/> Dedicated electrical outlets and hook-ups for MFFs that require electrical service   | _____ |
| <input type="checkbox"/> Potable water with quick disconnect features for filling water supply tanks  | _____ |
| <input type="checkbox"/> Hot and cold water under pressure and approved drainage for cleaning MFF/MSU   | _____ |
| <input type="checkbox"/> NSF approved equipment for food prep, cleaning, and storage of supplies  | _____ |
| <input type="checkbox"/> Approved janitorial sink, toilet, utensil washing and hand washing facilities with wall mounted paper towel and liquid soap dispensers | _____ |

\*The MFF applicant must provide a copy of this commissary's health permit and most recent facility health inspection report with this document if the commissary is not permitted by San Francisco Department of Public Health, Environmental Health).

