

**Classification of MFF:** 

## City and County of San Francisco

## DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

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

☐ MFF 4

☐MFF 5

☐ MSU

☐ MFF 3

☐ MFF 2

☐ MFF 1

Mobile Food Facility Business Owner to Complete This Section					
DBA		Operating Location(s)			
Registered Owner Name(s)		Owner Address			
Business Phone		Mobile Phone			
License Plate Number		Vehicle Make/Model			
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.					
Registered Owner/Officer Printed Name	Registered ov	vner Signature	Date		
Registered Owner/Officer Frinted Name Registered Owner			Date		
Commissary Owner		MFF Owner/Applicant			
Select each facility/service you provide MF this commissary	ch facility/service you provide MFF owner/applicant at this commissary  Initial the lines below to indicate, under penalty of perjuservice(s)/operation(s) you will utilize/conduct exclusive this commissary		n(s) you will utilize/conduct exclusively at		
☐ Space for onsite storage of this MFF/MSU at all times it is not conducting business					
☐ Adequate and protected space					
☐ Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes					
Adequate and approved space for food preparation					
☐ Dedicated electrical outlets an	Dedicated electrical outlets and hook-ups for MFFs that require electrical service				
☐ Potable water with quick disco					
Hot and cold water under pressure and approved drainage for cleaning MFF/MSU					
NSF approved equipment for food prep, cleaning, and storage of supplies					
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 heath inspection report with this document if the commissary is not permitted by San Francisco Department of Public Health, Environmental Health).					

To Be Completed By Commissary Owner					
Commissary DBA		Commissary Address	1		
Commissary Owner Name(s)		Commissary Owner I	Business Phone Number		
Commission y Commission (Commission Commission Commissi			343111635 . 1.6116 . 1.8111.		
Commissary Owner Alternative Phone Num	ıber	Agency Issuing Perm	it to Operate Commissary		
I hereby declare that	, at		has my permission to use		
MFF Busi	ness Name	MFF Operati	has my permission to use		
my approved commissary,	ommissarv DRA	, at	Commissary Address		
for a period of months to service their Mobile Food Facility or Mobile Support Unit.					
I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code.					
I further agree to notify the San Francisco	Department of Public	Health, Environmental	Health Branch at 49 South Van Ness		
Street, Suite 600, San Francisco, CA 94103 if this agreement is terminated or if this MFF has not utilized my commissary for five					
(5) consecutive days.					
I certify under penalty of perjury that I am	the legal owner/opera	ator of this facility and	abide by the contents of this document.		
I am aware that my Health Permit may be		· · · · · · · · · · · · · · · · · · ·			
Commissary Owner (Print Name)	Signa	ture	Date		
·			by Regulatory Agency		
If commissary establishment is outside o	f San Francisco, the lo	ocal environmental hea	alth jurisdiction must certify the current		
commissary health permit by signing bel	ow. The commissary is	s in	County and		
	•		<del>-</del>		
meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.					
REHS (Print Name)	Signa	ture	Date		
For Department of Public Health Use Only					
Special application or facility notes:					