

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)

Classificati	on of MFF:	□ MFF 1 □	IVIFF Z	☐ IVIFF 3		FF 5 MISU	
		Mobile Fo	od Facil	lity Business (Owner to Complete		
DBA			Operating Location(s	5)			
Registered	Owner Name	(s)			Owner Address		
Business P	hone				Mobile Phone		
License Pla	ate Number				Vehicle Make/Mode	l	
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.							
Registo	ered Owner/Offic	er Printed Name		Registered ov	wner Signature	Date	
		nmissary Owner		<i>1</i>		MFF Owner/Applicant	
Select each	-	ce you provide MF his commissary	F owner	/applicant at		w to indicate, under penalty on(s) you will utilize/conduct this commissary	
	Space for or	nsite storage of thi	is MFF/N	MSU at all time	s it is not conducting b	ousiness	
	Adequate and protected space to store food, utensils, equipment and other supplies						
	Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes						
	Adequate and approved space for food preparation						
	Dedicated electrical outlets and hook-ups for MFFs that require electrical service						
	Potable water with quick disconnect features for filling water supply tanks						
	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						
		•	-	-	-	st recent facility heath inspec	•

To Be Completed By Commissary Owner				
Commissary DBA	-	Commissary Address		
Commissary Owner Name(s)		Commissary Owner I	Business Phone Number	
		-		
Commissary Owner Alternative Phone Num	hor	Agangy Issuing Darm	it to Operate Commissary	
Commissary Owner Atternative Phone Num	ibei	Agency issuing Perm	it to Operate Commissary	
I hereby declare that	, at		has my permission to use	
my approved commissary,	ommissary DBA	, at	Commissary Address	
for a period of months to service	their Mobile Food Fac	ility or Mobile Support	Unit.	
I certify, under penalty of perjury, that my Retail Food Code.	space is well maintain	ed and in compliance v	with the requirements of the California	
I further agree to notify the San Francisco Suite 600, San Francisco, CA 94103 if this a consecutive days.	· ·			
I certify under penalty of perjury that I am I am aware that my Health Permit may be		•		
Commissary Owner (Print Name)	Signa	ture	Date	
commissary owner (Fine Name)	Jigitu	ture .	Butte	
Out of County Comm	issary/ Approved Fa	cility Authorization	by Regulatory Agency	
If commissary establishment is outside o	f San Francisco, the lo	ocal environmental he	alth jurisdiction must certify the current	
commissary health permit by signing bel	ow. The commissary is	s in	County and	
meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.				
DELIC (Print Nove)	Simo		Data	
REHS (Print Name)	Signa	ture	Date	
For Department of Public Health Use Only				
Special application or facility notes:				



City and County of San Francisco DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

Private Property Owner Verification Form for Mobile Food Facilities (MFFs)

	Date:			
To Be Completed by MFF Owner				
Business Name:				
Registered Owner Address:				
Owner Email Address:	Business Phone Number:			
Owner Ental Address.	business i none ivamber.			
Dunnautu Addunas	Mahila Dhana Numban			
Property Address:	Mobile Phone Number:			
Days and Times Operating at This Address:				
	1			
MFF License Plate #:	Vehicle Make & Model:			
To Be Completed by Private Property Owner/Manager				
Business Name:	Property Owner/Manager	Address:		
Property Owner/Manager Email Address:	Property Owner/Manager	Phone Number:		
· , , , ,				
Designated Signee Name	Designated Signee Associati	ion with Property (owner, tenant, manager, etc.)		
Designated signed Name	pesignated signee Associati	on with Hoperty (owner, teriant, manager, etc.)		
, owner/manager of the proper	ty located at			
certify under penalty of perjury the following:	21.00	on of the Mahile Food Fooility deign		
I have granted full permission to				
business as to occupy and conduct business by vending foods				
from their MFF at the above mentioned property. I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at (415)252-3800				
immediately if this agreement is changed or terminated.				
Property Owner/Manager (Print Name)	Signature	Date		
rioperty officer, manager (Franciscame)	51511414111	Jule		
MFF Owner/Applicant (Print Name)	Signature	Date		
For Department of Public Health Office Use Only				
Special Application or facility notes:				
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City and County of San Francisco DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

Restroom Verification Form for Mobile Food Facilities (MFF)

	Date:	
To Be Completed by MFF Owner		
Business Name:		
Registered Owner Address:		
Owner Email Address	Business Phone Number:	
MFF Operating Address Associated With This Restroom	Mobile Phone Number:	
Days and Times Operating at This Address		
, , , ,		
I,, owner of this MFF busi	ness, declare under per	nalty of perjury the follwing:
This restroom facility is available for use by myself and my		•
warm water, is maintained clean and sanitary, is stocked with		• •
times. I further agree to notify the Department of Public Hea	alth, Environmental Hea	alth Branch immediately if this
agreement is terminated for any reason.	e fact of many m	and the second families.
I certify that this restroom facility is within a travel distance of	or reet or my n	nobile rood facility.
To Be Completed by Restroom Facility Owner/Manage		
Business Name:	Restroom Address:	
Dusiness Name.	nestroom Address.	
Dusiness Name.	Restroom Address.	
Registered Owner Email Address:	Mobile Phone Number:	
		s
Registered Owner Email Address:	Mobile Phone Number:	s
Registered Owner Email Address: Signee Name	Mobile Phone Number: Signee Role in the Busines	S
Registered Owner Email Address: Signee Name I,, manager of the restroom fac	Mobile Phone Number: Signee Role in the Busines	s
Registered Owner Email Address: Signee Name I,, manager of the restroom factority under penalty of perjury the following:	Mobile Phone Number: Signee Role in the Busines lity located at	
Registered Owner Email Address: Signee Name I,, manager of the restroom factorify under penalty of perjury the following: I have granted full permission to the above mentioned MFF or	Mobile Phone Number: Signee Role in the Busines ility located at wner and employees to	use my restroom facility during the
Registered Owner Email Address: Signee Name I,, manager of the restroom factority under penalty of perjury the following: I have granted full permission to the above mentioned MFF of MFF hours of operation. I understand and certify that the restrictions are considered to the standard certify that the restrictions are considered to the standard certify that the restriction is a standard certification is a standard certification in the standard certification is a standard ce	Mobile Phone Number: Signee Role in the Busines ility located at wner and employees to troom has warm water,	use my restroom facility during the is maintained clean and sanitary, and
Registered Owner Email Address: Signee Name I,, manager of the restroom factorify under penalty of perjury the following: I have granted full permission to the above mentioned MFF or	Mobile Phone Number: Signee Role in the Busines lity located at wner and employees to troom has warm water, maintained in this cond	use my restroom facility during the is maintained clean and sanitary, and ition at all times. I agree to notify the
Registered Owner Email Address: Signee Name I,, manager of the restroom factority under penalty of perjury the following: I have granted full permission to the above mentioned MFF of MFF hours of operation. I understand and certify that the restrocked with paper towels and liquid hand soap and shall be	Mobile Phone Number: Signee Role in the Busines lity located at wner and employees to troom has warm water, maintained in this cond	use my restroom facility during the is maintained clean and sanitary, and ition at all times. I agree to notify the
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City and County of San Francisco

DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

Written Operational Procedure for Mobile Food Facilities (MFF)

The Environmental Health section shall review and approve the operating procedure prior to the approval of permit application. An approved copy must be kept on MFF during hours of operation. Any change to the procedure, the menu and equipment will require approval by this office (please attach copy of menu).

Registered Owner Name(s): Location Address:				Business Phone: Mobile Phone:	
-					
List each food i	tem to be served	Source of food item	Where will the	Describe method of food preparation	
Prepackaged Foods	ackaged Foods Unpackaged Foods		item be prepared?	(Use additional paper if necessary)	
How and where will	potable water tank b	e filled? Provide a li	st of equipment to be (used	
How and where wil	l waste water tank be	emptied? Provide	a list of equipment to b	oe used (open buckets may not be used).	

How and where will potable water tank and waste tank be cleaned and sanitized?	Page 2 of 3
Which restroom facility will be used during hours of operation?	
List all equipment and utensils that will be used on the MFF. Please be specific. (For example, condiment dispendicate type (pump, squeeze bottle, pour, etc.); microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)	
How will you clean and sanitize food contact surfaces and utensils during operating hours?	
How will you clean and sanitize utensils and equipment at the commissary?	
What specific sanitizer or sanitizing method will you use? Indicate if using a commercial, pre-mixed solution or preparing own sanitizer? (check sanitizer to use below)	
1. Chlorine @ 100 parts per million (ppm) must contact items for at least 30 seconds.	
 Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute. 	
☐ 3. Iodine @ 25 ppm must contact items for at least one (1) minute.	
At what address, and how, will you clean the interior and exterior of the vehicle?	

List all San Francisoc operating locations and DPN	N approved operating sites. Include days and tim	nes of operation.			
Describe how you will reheat and/or maintain fo	ods hot within the Mobile Food Facility				
Where will your Mobile Food Facility be stored d	Where will your Mobile Food Facility be stored during non-operating times?				
Describe when and how you will clean and maintain your sites of operation					
MFF Owner (Print Name)	Signature	Date			
For Department of Public Health Office Use Only					
Reviewed by: Health Inspector (Print Name)	Signature	Approved on (Date)			