

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH AND SAFETY**

625 5th Street, Santa Rosa, CA 95404 ❖ Phone (707) 565-6565 ❖ Fax (707) 565-6525 ❖ www.sonoma-county.org/eh

COMMISSARY AGREEMENT

Mobile Food Facility ❖ Caterer ❖ Temporary Food Facility

Please complete Sections 1 and 2. If your commissary is outside of Sonoma County please also complete Section 3.

Section 1 – To be completed by APPLICANT — Please print or type.

Business Name _____ PR# _____

Owner/Operator Name _____

Business Mailing Address _____ Suite _____

City _____ State _____ Zip _____ Home Phone _____ Bus. Phone _____

I, _____, hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code, California Retail Food Code, and Sonoma County Environmental Health and Safety, requirements. **Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation. This Commissary Agreement shall be effective for no longer than one year.**

Signature _____ Date _____

Section 2 – To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

Commissary Name _____ PR# _____

Address _____ Bus. Phone _____

City _____ Zip _____ Owner/Operator _____

Check all appropriate services provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Refrigeration equipment |
| <input type="checkbox"/> Potable water | <input type="checkbox"/> Electrical hookups | <input type="checkbox"/> Food storage facilities |
| <input type="checkbox"/> Disposal of rubbish & garbage | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Janitorial sink |
| <input type="checkbox"/> Hot & cold water for vehicle cleaning | <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Other services not listed: _____ | | |

List all foods provided by the commissary and company(ies) from which foods are purchased:

Food	Company

I, _____, hereby state that the information I have provided is current, true and correct to the best of my knowledge and meets the California Health & Safety Code requirements. If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or cancelled, the commissary owner shall notify this office immediately.

Signature _____ Print Name _____ Date _____

Section 3 – To be completed by the ENVIRONMENTAL HEALTH jurisdiction outside of Sonoma County

The commissary is located in _____ County. The above food facility meets the commissary requirements pursuant to CalCode Sections 114211, 114245.1, 114294 and 114326. The above checked services are available at the above commissary. Please notify the Sonoma County Department of Health, Environmental Health & Safety should the status of this permit change or if it falls below acceptable CalCode standards.

EHS Signature _____ Print Name _____

Date _____ Business Phone: _____