



Rose Mary Rahn  
Director

Milton Teske, M.D.  
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



## COMMISSARY AUTHORIZATION

Copy of this form provided to operator

FA	PR	PE
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### Information

Business Name		Vehicle License Plate	
Business Owner			
Owner Address			
City		State	Zip
Food Manager's Name (Unpackaged PHF only):		Date Certified:	
<p>Under penalty of perjury, by signing below, I certify that I and/or my employee(s) will use the commissary identified below for all of the indicated services and I will not store food, utensils, vehicles or any other item for retail use at any private home or other unapproved facility as determined by the Environmental Health Division. Furthermore, if I decide to change commissaries in the future, before I start using the new commissary, I will complete another Commissary Authorization form and submit it to the Environmental Health Services Division office and obtain approval from this office.</p>			
Signature of Owner		Print Name	Date Signed

### Commissary Information (to be completed by Commissary owner/authorized representative)

Commissary Business Name		Business Owner	
Commissary Business Address		City	Zip
Commissary Business Address		Phone	
Permit Expiration Date	Commissary is located in what County?		
	<input type="checkbox"/> Kings <input type="checkbox"/> Other County (If other county, complete the back side of this form)		
*Date commissary being used:	_____ To _____		

### Authorization (to be completed by Commissary owner/authorized representative)

Under penalty of perjury, by signing below, I, the undersigned, on behalf of the above-identified commissary, will provide the services checked below for the vehicle(s) identified in the "Vehicle Information" section above and its owner(s) or operator(s). The commissary has the capability and capacity to provide the services checked below (check all that apply):

<input type="checkbox"/> Disposal of waste water from vehicle waste water tank(s)	<input type="checkbox"/> Supply of ice for keeping prepackaged foods cold
<input type="checkbox"/> Supply of potable water for vehicle water holding tank(s)	<input type="checkbox"/> Storage of food and related supplies
<input type="checkbox"/> Use of facility for cleaning and servicing vehicle(s)	<input type="checkbox"/> Supply of food product(s)
<input type="checkbox"/> Storage of vehicle(s), including days when vehicle(s) is not operating	<input type="checkbox"/> Use of utensil washing facilities
<input type="checkbox"/> Supply of ice for consumption (must be from an indoor ice machine)	<input type="checkbox"/> Use of food preparation facilities

The vehicle identified above and its owner(s) or operator(s) is hereby granted full use of this commissary as indicated above until permit expiration. The California Retail Food Code requires that food vehicles operate from approved food facilities. Food vehicles are to report to the commissary at least once each operating day for cleaning and servicing operations. **On behalf of above-identified commissary, I agree to IMMEDIATELY notify the Kings County Department of Public Health, Environmental Health Services Division, if the vehicle business owner/operator discontinues use of the commissary or if we discontinue their use of this commissary.**

Commissary Owner/Authorized Representative Signed	Print Name and Title	Date
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## **Commissary Authorization, Commissaries Located Outside Kings County**

**The following must be completed by the local Environmental health inspection agency for commissaries located outside Kings County.**

FA	PR	PE
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This department does not object to the listed food establishment being used as a commissary for the business identified on the first page. The food establishment has the following two items:		
<input type="checkbox"/> 1. Current Permit to Operate issued by this department	Permit Expiration Date	
<input type="checkbox"/> 2. Current Food Safety Manager	Food Safety Manager's Name	Date Certified
Signature of REHS		Date
County Of		Date

H:\AWEHS\FORMS\APPLICATIONS\Food\Commissary Form Revised 10/23/2019