



ENVIRONMENTAL HEALTH

AMADOR COUNTY LAND USE AGENCY

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COMMISSARY VERIFICATION

Catering Operation/Mobile Food Facility

CATERING /MOBILE FOOD FACILITY INFORMATION

Business Name: _____

Owner Name: _____

Owner Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: () _____

The above-mentioned catering operation/mobile food facility shall operate out of an approved commissary and shall report to the commissary at least once each operating day. If the use of the commissary is discontinued, the permit-holder must notify the Environmental Health Department ((209)223-6439 to make the necessary changes.

Signature of Catering Operation/Mobile Food Facility Owner _____ Date _____

COMMISSARY INFORMATION

Commissary Business Name: _____

Commissary Owner's Name: _____

Commissary Address: _____ City: _____ Zip Code: _____

Phone Number: () _____

Type of Facility: Commissary Restaurant Market Other _____

I, the Commissary Owner/Operator, can and will provide the necessary facilities for the above-mentioned Catering Operation/Mobile Food Facility at my permitted facility as checked below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Preparation of food | <input type="checkbox"/> Utensil Wash | <input type="checkbox"/> Store refrigerated/frozen food |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Store Dry Food | <input type="checkbox"/> Store Supplies |
| <input type="checkbox"/> Toilet & handwashing | <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Supply food products |
| <input type="checkbox"/> Waste tank sewage disposal facilities | | |

Signature of Commissary Owner _____ Date _____

***Commissary means a food establishment in which food, containers, equipment, or supplies are stored or handled, food is prepared or pre-packaged for sale or service at other locations, utensils are cleaned, and liquid or solid wastes are disposed of.**

MENU/PROCEDURE LIST
 (Provide a copy to Environmental Health)

List all food and beverage items (e.g., tacos, tortilla, shredded chicken, salsa, lemonade, cakes, etc.).	Give the location name, address, & phone number of place where the food is prepared. (COMMISSARY)	How will food be cooked (e.g., BBQ, deep-fry, grill, steam, bake, etc.).	What type of insulated container will be used to transport potentially hazardous foods to keep them above 135°F or below 41°F?	Type of food holding units at function (e.g., ice chest, freezer, chafing dishes, crock pot, etc.).	Equipment used to reheat prepared foods at function (e.g., microwave, grill gas burner).
1.					
2.					
3.					
4.					
5.					
6.					