



# COUNTY OF YOLO

## Department of Community Services

**Environmental Health Division**  
292 W. Beamer Street, Woodland, CA 95695  
Phone: 530-666-8646 | Email: [health@yolocounty.org](mailto:health@yolocounty.org)

### Check Use

- Mobile Food Facility
- Caterer
- Temporary Food Permit
- CMFO

## FOOD FACILITY COMMISSARY AGREEMENT

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

License Plate Number (*mobiles only*): \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I, owner/operator, will operate out of the commissary listed below and report to the commissary at least once each operating day for cleaning and servicing. If I operate a mobile food facility, I will store it at the approved commissary or another approved location. I will notify Environmental Health of any changes to this agreement.**

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date

### COMMISSARY INFORMATION

Type of Facility:  Commissary  Restaurant  Market

Commissary Name: \_\_\_\_\_

Commissary Owner: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**How many food facilities (e.g. food truck, caterer) are currently using your commissary? \_\_\_\_\_**

List the food facilities below (*use a separate sheet if needed*):

1. Business Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

2. Business Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

3. Business Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

**I, the commissary owner/operator, will provide the food facility (*check all that apply*):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Preparation or packaging of food | <input type="checkbox"/> Refrigerated/frozen food storage | <input type="checkbox"/> Warewashing         |
| <input type="checkbox"/> Potable water supply             | <input type="checkbox"/> Dry food storage                 | <input type="checkbox"/> Restrooms           |
| <input type="checkbox"/> Liquid waste disposal facilities | <input type="checkbox"/> Utensil storage                  | <input type="checkbox"/> Overnight parking   |
| <input type="checkbox"/> Waste grease removal             | <input type="checkbox"/> Electrical hook-up               | <input type="checkbox"/> Truck/Cart cleaning |

\_\_\_\_\_  
Signature of Commissary Owner/Operator

\_\_\_\_\_  
Date