COMISSARY FORM
PUSHCART/MOBILE FOOD UNIT

To be completed by the pushcart/mobile food unit operator:

Check one:
__________ New Application/New Commissary (must submit service request form also)
__________ Change of Commissary (01011_______________________)

Check one:
__________ Pushcart Name: ____________________________________________________
__________ Mobile Food Unit: ___________________________________________________

Your Name: __________________________ Telephone #: _______________________

To be completed by the restaurant permittee or operator:

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Pushcart named above. I understand that as a commissary for the Mobile Food Unit or Pushcart, I must allow the Mobile Food Unit or Pushcart to return for servicing on a daily basis. I agree to allow the following: (Please check all that apply).

__________ (Applies to a mobile food unit only) Provide an access to an approved sewage disposal system for the disposal of wastewater.

__________ (Applies to a mobile food unit only) Provide access to a potable water supply.

__________ (Applies to a mobile food unit and pushcart) Use designated refrigerated or dry storage area for food or utensil storage.

__________ (Applies to a mobile food unit and pushcart) Use of the restaurant utensil sink to wash utensils used on the unit.
Name of Restaurant Serving as Commissary: __________________________________________

Restaurant Address: ________________________ City: _______________ Zip Code: ______

Restaurant Phone Number: _________________________________________________________

Name of Restaurant Permittee (Print): ____________________________________________

SIGNATURE OF RESTAURANT PERMITTEE OR OPERATOR DATE

(OFFICE USE ONLY)

COMMISSARY: ______APPROVED: ______DISAPPROVED: ______

GIVEN REASON:
______________________________________________________________________________

By: ________________________________ Date: ________________________________

REHS SIGNATURE

_____REHS CALLED APPLICANT _____REHS UPDATED DHD _____REHS RETURNED FORM

COMMISSARY ID#:01011_________________________________________________________