

GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department

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Mardy Thomas, Director

Mobile Food Facility Commissary Agreement *Must Be Submitted Annually for Health Permit Issuance*

Mobile Food Facility (MFF) Information:

Business Name on Vehicle: _____
License Plate Number: _____
Owner Name: _____
Mailing Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

I, the MFF 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. I will store the MFF at the approved commissary or another approved location. Overnight storage of a MFF must be at a food facility that has a health permit except for those facilities that sell only prepackaged, non-perishable foods and frozen confections. I will notify Environmental Health of any changes to this agreement.

Signature of MFF Owner

Date

Commissary Information:

Type of Facility: Commissary Restaurant Market Other _____
Commissary Name: _____
Commissary Owner: _____
Commissary Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Hours of Operation: _____

I, the Commissary owner/operator, will provide following facilities for the above listed MFF:

- Preparation or packaging of food
- Potable water supply
- Liquid waste disposal facilities
- Waste grease removal
- Refrigerated/frozen food storage
- Dry food storage
- Utensil storage
- Electrical hook-up
- Warewashing
- Restrooms
- Overnight parking
- Truck cleaning

Signature of Commissary Owner

Date