



A Tradition of Stewardship
A Commitment to Service

VERIFICATION OF VEHICLE COMMISSARY AND RESTROOM FACILITY

I. VEHICLE INFORMATION (required):

Vehicle Name: _____

Address listed for Vehicle: _____

License Plate #: _____

Vehicle ID#: _____

Make: _____

Model: _____

Color(s): _____

Year: _____

II. VEHICLE OWNER INFORMATION (required):

Name: _____

Address: _____

City: _____

ZIP Code: _____

Driver's License #: _____

The above-mentioned vehicle shall operate out of a commissary and shall report to the commissary at least once each operating day for cleaning and servicing (CalCode sections 114295 & 114297). If the use of the commissary is discontinued, the permit-holder must notify this office to make the necessary changes. Failure to notify this office will invalidate permit and is subject to penalties.

Signature of Vehicle Operator

Date

III. ROUTE INFORMATION (required):

Please describe below all information relevant to the route you will be taking in the course of your regular business day. Be sure to include any scheduled stops you may be making, including a street address or intersection. **This list is for Environmental Management use only and is not being reviewed for compliance with other the regulations from other agencies. To ensure your facility is operating in compliance contact the appropriate agencies. See handout.**

III. COMMISSARY INFORMATION (required):

Business Name: _____
Owner's Name: _____
Site Address: _____
Phone Number: _____

I, the commissary owner/operator, can and will provide the necessary facilities for the above-mentioned vehicle at my commissary as indicated below (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Preparation of Food | <input type="checkbox"/> Store Frozen Food | <input type="checkbox"/> Store Refrigerated 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 |

If the mobile food facility will not be stored at the commissary, provide address of proposed location: _____

IV. RESTROOM INFORMATION (required):

Business Name: _____
Owner's Name: _____
Site Address: _____
Phone number: _____
Distance to Restroom: _____ (include map)

I, the owner/operator of the business listed above, can and will provide the necessary toilet and handwashing facilities for the above-mentioned vehicle, including hot and cold running water, soap, and paper towels.

Signature of Restroom Facility Owner/Operator

Date

VI. AUTHORIZED HEALTH DEPARTMENT (required):

Please have the following information completed by an authorized County R.E.H.S. if the commissary/food establishment is outside Napa County.

Food establishment/Commissary is located in _____ County

Is the food establishment/commissary in question currently in good standing with the authorized County Health Department

(Please check one)? YES NO

If "NO", please explain below:

I certify that, to the best of my knowledge, the above information is true and that I will comply with all applicable local, city, county and state requirements.

Owner or Authorized Agent

Date

Environmental Health Specialist

Date