



# COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 SIERRA WAY STE. B/PO BOX 1489, SAN LUIS OBISPO, CA 93401

PHONE: (805)781-5544 FAX: (805)781-4211

EMAIL: EHS@CO.SLO.CA.US



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Public Health Department

## HEALTH PERMIT APPLICATION FOR FOOD, PUBLIC SWIMMING POOLS AND BODY ART FACILITIES

### PERMIT TYPE (CHECK ONE):

- RESTAURANT, # OF SEATS: \_\_\_\_\_
- BAR (NO FOOD PREPARATION)
- MARKET OR BAKERY, SQUARE FOOTAGE: \_\_\_\_\_
- CATERER

### TEMPORARY FOOD FACILITY:

- MULTIPLE EVENTS

### COTTAGE FOOD OPERATOR:

- COTTAGE FOOD "A"
- COTTAGE FOOD "B"

### MOBILE FOOD FACILITY

- SWAP MEET:  PREPACKAGED  PRODUCE
- OTHER FOOD (DESCRIBE) \_\_\_\_\_
- BODY ART FACILITY
- POOL # \_\_\_\_\_ SPA # \_\_\_\_\_

### IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:

- BUSINESS NAME CHANGE
- OWNERSHIP CHANGE
- BUSINESS SITE LOCATION CHANGE
- BILLING INFORMATION CHANGE
- OTHER: \_\_\_\_\_

IS FOOD FACILITY USED AS A COMMISSARY? (KITCHEN AND/OR STORAGE AREAS ARE AVAILABLE TO BE RENTED TO OTHER BUSINESSES)

YES  NO

WERE PLANS FOR THIS PROJECT PREVIOUSLY SUBMITTED TO ENVIRONMENTAL HEALTH?

YES  NO

PLEASE CHECK IF YOUR BUSINESS QUALIFIES FOR ONE OF THE FOLLOWING:

- REPRESENTS A NONPROFIT ORGANIZATION  
TAX ID NUMBER \_\_\_\_\_
- QUALIFIES FOR VETERAN'S EXEMPTION (PLEASE PROVIDE A COPY OF YOUR DD214 FORM)

### FACILITY INFORMATION

BUSINESS NAME (DBA) \_\_\_\_\_

PREVIOUS BUSINESS NAME (ONLY IF APPLICABLE) \_\_\_\_\_

BUSINESS SITE ADDRESS \_\_\_\_\_

LEGAL OWNER NAME \_\_\_\_\_

SELECT ONE:  SOLE PROPRIETORSHIP  PARTNERSHIP INCORPORATED

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

OWNER/BUSINESS EMAIL ADDRESS \_\_\_\_\_

### BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS ADDRESS ABOVE, CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME) \_\_\_\_\_

BILLING TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

By signing below, I represent as follows: I am the Owner or Authorized Representative of the business applying for this Health Permit (hereafter "Permit"). I consent to all necessary fees and inspections permitted by law and incidental to the issuance of this Permit. I agree to operate the business in compliance with all applicable state and local laws, ordinances, regulations, and procedures and **to obtain all authorizations and permits required by all local planning and building agencies**, in order to ensure compliance with the Permit, its rights, and its limitations. I shall immediately notify Environmental Health Services in writing if business closes or a change of ownership occurs. I acknowledge that HEALTH PERMITS ARE NON-TRANSFERRABLE. I declare under penalty of perjury under the laws of the state of California that the statements made in this Health Permit Application are true and correct.

SIGNATURE OF APPLICANT \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ ENTERED BY \_\_\_\_\_ ENTERED DATE \_\_\_\_\_

PE# \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK OR CC AUTH # \_\_\_\_\_ CASH

NONPROFIT: TAX ID # \_\_\_\_\_  VETERAN EXEMPT DD214 ATTACHED  YES  NO

PR# \_\_\_\_\_ SR# \_\_\_\_\_ FA# \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_

INSPECTOR APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

## ADDITIONAL INFORMATION FOR MOBILE FOOD FACILITY OPERATORS

NAME OF BUSINESS \_\_\_\_\_

NAME ON VEHICLE (IF DIFFERENT FROM BUSINESS NAME) \_\_\_\_\_

FORMER OWNER/ FORMER NAME OF VEHICLE (IF APPLICABLE) \_\_\_\_\_

NAME OF COMMISSARY (PROVIDE AGREEMENT) \_\_\_\_\_

COMMISSARY ADDRESS\* \_\_\_\_\_

\*NOTE: IF COMMISSARY IS OUTSIDE SAN LUIS OBISPO COUNTY– PROVIDE A COPY OF  
COMMISSARY’S VALID HEALTH PERMIT

TYPE OF VEHICLE (CHECK ONE):

- MOBILE FOOD FACILITY
- MOBILE SUPPORT UNIT
- PRODUCE
- PUSH CART
- VEHICLE MAKE

VEHICLE MODEL \_\_\_\_\_

COLOR \_\_\_\_\_

VEHICLE LICENSE NUMBER \_\_\_\_\_

LIST MAIN OPERATING LOCATION(S) INCLUDING SPECIAL EVENTS \_\_\_\_\_

TYPE OF FOOD ITEMS SOLD \_\_\_\_\_

***IN ADDITION TO THIS APPLICATION AND THE APPLICATION FEE, THE FOLLOWING PAPERWORK MUST BE  
INCLUDED WITH THE APPLICATION***

CHECK IF ATTACHED :

YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • OPERATIONAL PROCEDURES (FOR MOBILES SELLING UNPACKAGED FOODS) | <input type="checkbox"/> | <input type="checkbox"/> |
| • RESTROOM AGREEMENT  | <input type="checkbox"/> | <input type="checkbox"/> |
| • COMMISSARY AGREEMENT  | <input type="checkbox"/> | <input type="checkbox"/> |
| • DETAILED MENU OF FOODS BEING SERVED                           | <input type="checkbox"/> | <input type="checkbox"/> |

THESE ADDITIONAL FORMS CAN BE FOUND ON OUR WEBSITE  
<http://www.slocounty.ca.gov/health/publichealth/ehs.htm>  
AND AT THE ENVIRONMENTAL HEALTH DEPARTMENT LOCATED AT  
2156 SIERRA WAY, SAN LUIS OBISPO CA, 93401



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**WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES**

These written Operational Procedures must be completed and returned to this office for approval before the permit to operate will be issued. An approved and signed copy must be maintained on the food facility during all operational periods.

**BUSINESS INFORMATION**

MOBILE FOOD FACILITY BUSINESS NAME \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

OWNER(S) NAME \_\_\_\_\_

OWNER'S CELL PHONE NUMBER \_\_\_\_\_

NAME OF OPERATOR (IF DIFFERENT FROM OWNER'S NAME) \_\_\_\_\_

CELL PHONE NUMBER OF OPERATOR \_\_\_\_\_

NAME OF COMMISSARY \_\_\_\_\_

COMMISSARY ADDRESS \_\_\_\_\_

COMMISSARY PHONE NUMBER \_\_\_\_\_

**OPERATION INFORMATION**

1. LOCATION(S) OR TOWN(S) WHERE MOBILE FOOD FACILITY WILL BE OPERATED (PLEASE INDICATE ALL THAT WILL APPLY):

\_\_\_\_\_

\_\_\_\_\_

2. DAYS OF OPERATION:

MON  TUES  WED  THURS  FRI  SAT  SUN

3. HOURS OF OPERATION \_\_\_\_\_

Provide the specific location where restrooms are available for use during hours of operation. Mobile food facilities operating in one location for one hour or more must be operated within 200 feet travel distance of the **approved and readily available toilet and handwashing facilities**.

4. NAME OF FACILITY PROVIDING RESTROOM \_\_\_\_\_  
RESTROOM LOCATION \_\_\_\_\_

5. LOCATION WHERE MOBILE FOOD FACILITY WILL BE STORED:

COMMISSARY  PRIVATE HOME  OTHER

6. IF NOT STORED AT COMMISSARY, PLEASE WRITE ADDRESS OF LOCATION:

\_\_\_\_\_

IS THE MOBILE FOOD FACILITY SERVICED BY A MOBILE SUPPORT UNIT (MSU) : YES  NO

PLEASE NOTE: Mobile Food Facilities not approved for limited food prep may not be supported by an MSU. If "Yes", provide the Name of the Mobile Support Unit and Name, Address, and Phone number of the Mobile Support Unit commissary if different from the commissary information provided above:

MOBILE SUPPORT UNIT NAME \_\_\_\_\_

MOBILE SUPPORT UNIT COMMISSARY NAME AND ADDRESS IF DIFFERENT FROM MOBILE FACILITY INFORMATION \_\_\_\_\_

MOBILE SUPPORT UNIT COMMISSARY PHONE NUMBER \_\_\_\_\_

### FOOD HANDLING OPERATIONAL PROCEDURES:

*THE OWNER, MANAGER, OR OPERATOR OF ANY FOOD FACILITY IS RESPONSIBLE FOR ANY ACTION OF AN EMPLOYEE RESULTING IN A VIOLATION OF ANY OF THE MOBILE FOOD FACILITY REQUIREMENTS SET FORTH IN THE HEALTH AND SAFETY CODE §113700-114437.*

**MENU ITEMS AND FOOD OPERATIONS** (THIS INFORMATION WILL BE USED TO DETERMINE YOUR EQUIPMENT AND REFRIGERATOR NEEDS)

- CHECK THE MENU ITEMS IN THE LEFT COLUMN BELOW WHICH WILL BE PREPARED AND SERVED.

- CHECK THE FOOD OPERATION IN THE RIGHT COLUMN BELOW WHICH WILL OCCUR AT YOUR COMMISSARY/ COMMERCIAL KITCHEN

FOOD ITEM		FOOD OPERATION	
Beef or pork (circle one: raw, precooked, or both)		Refrigeration of foods	
Fish (circle one: raw, precooked, or both)		Cooling foods which have been heated or cooked	
Poultry (circle one: raw, precooked, or both)		Cooking foods	
Shellfish (circle one: raw, precooked, or both)		Holding foods hot for more than 30 minutes	
Rice or Beans		Reheating foods	
Pasta		Preparing foods for next day service	
Gravies, Sauces, or Soups		Washing produce	
Green salads		Thawing fish, meat, and/or poultry	
Sandwiches		Slicing, grinding portioning of foods	
Condiments		Packaging of foods	
Beverages			

1. WHERE WILL FOOD BE PURCHASED/ OBTAINED \_\_\_\_\_

2. INDICATE WHICH MOBILE FOODS WILL BE PREPARED ON THE MOBILE FOOD FACILITY \_\_\_\_\_

3. INDICATE WHICH FOODS WILL BE PREPARED AT THE COMMISSARY \_\_\_\_\_

4. IS A FOOD PREPARATION SINK PROVIDED AT THE COMMISSARY  YES  NO

A FOOD PREPARATION SINK IS REQUIRED FOR ALL OPERATIONS WHERE FOOD ITEMS ARE THAWED OR CLEANED. THAWING OR CLEANING OF FOOD ITEMS MAY NOT OCCUR INSIDE WARE WASHING OR HANDWASHING SINKS.

\_\_\_\_\_ INITIAL TO INDICATE INTENT TO COMPLY FOR ALL OF THE ABOVE

5. DESCRIBE IN DETAIL HOW FOODS WILL BE PREPARED AT THE COMMISSARY ON THE MOBILE FOOD FACILITY

**UNPACKAGED FOODS**

6. **PREPACKAGED FOODS**– EXPLAIN METHOD OF PACKAGING AND INCLUDE A SAMPLE FOOD LABEL (FOR FOODS PREPARED AND PACKAGED BY FOOD SERVICE/ CATERING OPERATOR). SAMPLE LABEL DETAILS ARE NOT NECESSARY FOR FOODS PURCHASED FROM A COMMERCIAL SUPPLIER IN THE PREPACKAGED STATE AND INTENDED FOR SERVICE IN THE SAME PREPACKAGED STATE.

7. INDICATE THE UTENSILS, EQUIPMENT AND MATERIALS USED ON THE MOBILE FOOD FACILITY. ALL UTENSILS, EQUIPMENT AND MATERIALS ARE SUBJECT TO APPROVAL BY THIS DEPARTMENT.

8. INDICATE THE EQUIPMENT USED TO COOK FOODS EITHER AT THE COMMISSARY OR ON THE MOBILE FOOD FACILITY.

**EQUIPMENT TYPE:**

- GRIDDLE
- FRYER
- BARBECUE SMOKER
- STOVE
- MICROWAVE
- OVEN
- OTHER TYPE OF COOKING EQUIPMENT (SPECIFY): \_\_\_\_\_
- BARBECUE

(NOTE– BARBEQUE PERMITTED ONLY AT THE COMMISSARY OR AT COMMUNITY EVENTS).

9. MANUAL WARE WASHING OF UTENSILS AND EQUIPMENT MUST BE COMPLETED USING THE FOLLOWING METHOD IN A THREE-COMPARTMENT SINK AT YOUR COMMISSARY OR ON THE MOBILE FOOD FACILITY, OR BOTH (AS REQUIRED)

- A. FIRST COMPARTMENT/TUB: **WASH** WITH HOT SOAPY WATER (100°F OR ABOVE)
- B. SECOND COMPARTMENT/TUB: **RINSE** IN HOT WATER
- C. THIRD COMPARTMENT/TUB: **SANITIZE** WITH ONE OF THE FOLLOWING APPROVED SANITIZERS
- D. **AIR DRY** IN A CLEAN LOCATION, NEVER TOWEL DRY.

**INDICATE WHICH OF THE FOLLOWING APPROVED SANITIZERS WILL BE USED (SANITIZER TEST STRIPS MUST BE PROVIDED TO VERIFY PROPER CONCENTRATIONS ARE MET):**

- A. 100 PPM BLEACH-WATER SOLUTION FOR 30 SECONDS (**TWO TEASPOONS BLEACH TO ONE GALLON OF WATER**).
- B. 200 PPM QUATERNARY AMMONIUM SOLUTION FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON LABEL**)
- C. 25 PPM IODINE FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON THE LABEL**)

\_\_\_\_\_ INITIAL TO INDICATE INTENT TO COMPLY FOR ALL OF THE ABOVE

**10. FOOD CONTACT SURFACES, SUCH AS CUTTING BOARDS AND FOOD SLICERS, MUST BE CLEANED AND SANITIZED AFTER EACH USE, OR IF USED CONTINUALLY, AT LEAST EVERY FOUR (4) HOURS.**

**WIPING CLOTHS** FOR SURFACE SANITIZING MUST BE STORED INSIDE AN APPROVED SANITIZING SOLUTION BETWEEN USES (CHECK WHICH BELOW).

**IF WORKING WITH RAW MEATS**, A SEPARATE CONTAINER OF SANITIZING SOLUTION FOR STORAGE OF WIPING CLOTHS USED FOR CLEANING AND SANITIZING OF RAW MEAT CONTACT SURFACES MUST BE PROVIDED. WIPING CLOTHS USED ON RAW MEAT CONTACT SURFACES MAY NOT BE USED ON READY-TO-EAT FOOD CONTACT SURFACES.

**INDICATE WHICH OF THE FOLLOWING APPROVED SANITIZERS WILL BE USED** (SANITIZER TEST STRIPS MUST BE PROVIDED TO VERIFY PROPER CONCENTRATIONS ARE MET):

- A. 100 PPM BLEACH-WATER SOLUTION FOR 30 SECONDS (**TWO TEASPOONS BLEACH TO ONE GALLON OF WATER**)
- B. 200 PPM QUATERNARY AMMONIUM SOLUTION FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON LABEL**)
- C. 25 PPM IODINE SOLUTION FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON LABEL**)

**11. DESCRIBE WHERE AND HOW THE POTABLE WATER FOR USE AT REMOTE LOCATIONS WILL BE OBTAINED AND STORED.** (PLEASE **NOTE** :HOSES USED TO CONVEY POTABLE WATER MUST BE LABELED AS DRINKING WATER SAFE, DURABLE, NOT SHOWING ANY SIGNS OF DAMAGE, AND STORED TO BE PROTECTED FROM CONTAMINATION.) \_\_\_\_\_

**12. DESCRIBE HOW AND WHERE THE WASTEWATER WILL BE DISPOSED.** WASTEWATER MAY NOT BE DISCHARGED INTO A STORM DRAIN OR ONTO A GROUND SURFACE WITHOUT DRAINAGE TO SEWER.

\_\_\_\_\_ INITIAL TO INDICATE INTENT TO COMPLY FOR ALL OF THE ABOVE

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, THAT I HAVE READ AND UNDERSTAND THE "MOBILE FOOD FACILITY REQUIREMENTS" HANDOUT, AND THAT I WILL OPERATE MY MOBILE FOOD FACILITY IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN THE CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 113700-114437.**

SIGNATURE

PRINT NAME

DATE



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**RESTROOM USE AGREEMENT**

All mobile food facilities operating in San Luis Obispo County that park and conduct business for more than one hour at a specific location must have access to a restroom within 200 feet for use by the food service workers. A separate form is required for each location.

The restroom hand washing sink must be equipped with hot (minimum 100°F) and cold water and wall mounted hand soap and single use towel dispensers or other approved hand drying device.

**1. TO BE COMPLETED BY THE MOBILE FOOD FACILITY OWNER/OPERATOR:**

Business Name: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days in operation: Su Mo Tu We Th Fr Sa Hours of Operation: \_\_\_\_\_

**2. TO BE COMPLETED AND SIGNED BY THE OWNER/OPERATOR OF THE ESTABLISHMENT FOR THE USE OF A TOILET AND HAND WASHING FACILITIES:**

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

***I agree to allow the food service workers of the above mobile food facility, which is located within 200 feet of my establishment, to utilize my restroom and hand washing sink.***

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. TO BE COMPLETED AND SIGNED BY THE MOBILE FOOD FACILITY OWNER/OPERATOR:**

The above information is true and correct. If I decide to relocate to a different site, I agree to contact the department with updated information and approval.

***I understand that failure to secure permission to access an approved restroom for use by the food service workers may result in suspension of my health permit and additional fees.***

***I agree to operate my mobile food facility in accordance with these requirements.***

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**STATEMENT OF COMMISSARY USE**

“Commissary” means a food facility that services Mobile Food Facilities, Mobile Support Units, or Vending Machines where all of the following occur: (a) food, containers, or supplies are stored;(b) food is prepared or prepackaged for sale or service at other locations;(c) utensils are cleaned; (d) liquid and solid wastes are disposed, or potable water is obtained.

Pursuant to Section 114295 of the California Retail Food Code:

All mobile food facilities shall operate in conjunction with a commissary, mobile support unit, or other facility approved by the enforcement agency. This does not apply to mobile food facilities that operate at community events and that remain in a fixed position during food preparation and its hours of operation. Mobile food facilities shall be stored at or within a commissary or other location approved by the enforcement agency in order to have protection from unsanitary conditions. Mobile support units shall be operated from and stored at a designated commissary and shall be subject to permitting and plan review.

Mobile food facilities shall be cleaned and serviced at least once daily during an operating day. All mobile food facilities shall report to the commissary or other approved facility on a daily basis. Potentially hazardous foods held at or above 135°F on a mobile food facility or mobile support unit shall be destroyed at the end of the operating day.

**APPLICATION IS HEREBY MADE FOR THE FOLLOWING APPLICANT AND VEHICLE:**

NAME \_\_\_\_\_

BUSINESS NAME (DBA) \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

VEHICLE LICENSE NUMBER \_\_\_\_\_

TYPE OF VEHICLE:  MOBILE FOOD FACILITY  CATERER  MOBILE SUPPORT UNIT  PUSH CART

DAILY TIMES AT COMMISSARY:

MORNING: \_\_\_\_\_ AFTERNOON: \_\_\_\_\_ EVENING: \_\_\_\_\_

**\*\*\*\*\*TO BE FILLED OUT BY COMMISSARY\*\*\*\*\***

APPLICANT WILL USE THE FOLLOWING PERMITTED FOOD ESTABLISHMENT AS A COMMISSARY IN ACCORDANCE WITH SECTION 114295 OF THE CALIFORNIA RETAIL FOOD CODE (STATED ABOVE):

BUSINESS NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

CHECK IF THE COMMISSARY IS **NOT** IN SAN LUIS OBISPO COUNTY. A COPY OF A CURRENT VALID HEALTH PERMIT FOR THE COMMISSARY MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMISSARY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_