



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

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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 _____