

**BUTTE COUNTY PUBLIC HEALTH DEPARTMENT
MOBILE FOOD FACILITY, MFPU, AND TEMPORARY FOOD FACILITY
COMMISSARY FORM**

Mobile Food Unit or Temp. Food Facility (TFF) Information

Business Name: _____

License Plate Number: _____

Mobile/TFF Owner's Name: _____

Computer Number: _____

Commissary Information

Business Name: _____

Street Address: _____

Owner's Name: _____

Commissary is used for the following (check all that apply):

- ___ Food Preparation
- ___ Cooking
- ___ Utensil Washing
- ___ Utensil Storage

- ___ Clean-up of Mobile Food Unit
- ___ Refrigerated Food Storage (16 sq. ft.)
- ___ Dry Food Storage (16 sq. ft.)

Note: Food Establishments must have a current Permit to Operate from the Butte County Health Department, in order to qualify for use as a commissary. Use of a commissary by a mobile unit must be approved by the Butte County Health Department. Mobile food units must report to commissary every working day for all necessary clean-up, storage, etc.

For mobile food units/TFFs that are equipped with holding tanks for sinks, please fill out the following:

Water for mobile food unit/TFF sinks is obtained at: _____

Note: Water must be obtained from a source approved by Butte County Public Health Department.

Mobile food unit/TFF waste water holding tanks are dumped at _____

Signatures:

Commissary Owner: _____ Date: _____

Mobile Unit/TFF Owner: _____ Date: _____