COMMISSARY AUTHORIZATION

Mobile Food Service Establishment Information: Vehicle License Plate Number: **Business Name** Owner (print) **Business Mailing Address** City State Zip **Business Phone** I agree to report to the Commissary listed below during each daily or as often as required by R392-100 and the Southwest Utah Public Health Department for supplies, cleaning and service operations: Signed Business Owner **Commissary Information: Business Name** Owner (print) **Business Mailing Address** City State Zip **Business Phone** I agree to record mobile food service activities and to provide the following commissary services and space for the mobile Food Service Operator listed above: ___ Supply/Storage of food and supplies ____ Use of food preparation facilities Supply potable water for vehicle Use of facility for cleaning vehicle Use of dish-washing facilities Overnight vehicle parking Disposal of wastewater Disposal of solid waste Signed Business Owner Date Health Department Use Only Signature: Date Approved: Fees Paid: Received by: