

COMMISSARY AUTHORIZATION

Mobile Food Service Establishment Information:

Business Name

Vehicle License Plate Number: _____

Owner

Business Mailing Address

City State Zip Business Phone

I agree to report to the commissary listed below daily, or as often as required by R392-102 and the Southwest Utah Public Health Department for supplies, cleaning, and service operations:

Signed _____
Business Owner Date

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, utensils, and supplies	_____ Use of food preparation facilities and boarding onto the mobile food business
_____ Supply potable water for vehicle	_____ Use of the facility for cleaning vehicle
_____ Equipment and utensil cleaning and sanitizing	_____ Hot and cold holding of TCS food
_____ Disposal of solid waste	_____ Disposal of wastewater
_____ Utilizing electrical power sources	

Signed: _____
Business Owner Date

Health Department Use Only

Date Approved: _____ Signature: _____

Fees Paid: _____ Received By: _____