



COMMISSARY AUTHORIZATION

Mobile Food Service Establishment Information:

Business Name _____

Vehicle License Plate Number: _____

Business Name _____

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:

| | |
|---|--|
| <input type="checkbox"/> Supply/Storage of food, utensils, and supplies | <input type="checkbox"/> Use of food preparation facilities and boarding onto the mobile food business |
| <input type="checkbox"/> Supply potable water for vehicle | <input type="checkbox"/> Use of the facility for cleaning vehicle |
| <input type="checkbox"/> Equipment and utensil cleaning and sanitizing | <input type="checkbox"/> Hot and cold holding of TCS food |
| <input type="checkbox"/> Disposal of solid waste | <input type="checkbox"/> Disposal of wastewater |
| <input type="checkbox"/> Utilizing electrical power sources | |

Signed: _____
Business Owner _____ Date _____

Health Department Use Only

Date Approved: _____ Signature: _____

Fees Paid: _____ Received By: _____