COMMISSARY FORM
PUSHCART/MOBILE FOOD UNIT

To be completed by the pushcart/mobile food unit operator:

Check one:

_____ *New Application/New Commissary (must submit service request form also)*
_____ *Change of Commissary (01011_____)*

Check one:

_____ *Pushcart Name: _____*

_____ *Mobile Food Unit: _____*

Your Name: _____Telephone #: _____

To be completed by the restaurant permittee or operator:

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Pushcart named above. I understand that as a commissary for the Mobile Food Unit or Pushcart, I must allow the Mobile Food Unit or Pushcart to return for servicing on a daily basis. I agree to allow the following: ***(Please check all that apply)****.*

_____ ***(Applies to a mobile food unit only)*** *Provide an access to an approved sewage disposal system for the disposal of wastewater.*

_____ ***(Applies to a mobile food unit only)*** *Provide access to a potable water supply.*

_____ ***(Applies to a mobile food unit and pushcart)*** *Use designated refrigerated or dry storage area for food or utensil storage.*

_____ ***(Applies to a mobile food unit and pushcart)*** *Use of the restaurant utensil sink to wash utensils used on the unit.*

Name of Restaurant Serving as Commissary: _____

Restaurant Address: _____City: _____Zip Code: _____

Restaurant Phone Number: _____

Name of Restaurant Permittee (Print): _____

SIGNATURE OF RESTAURANT PERMITTEE OR OPERATOR DATE

(OFFICE USE ONLY)

COMMISSARY: _____APPROVED: _____DISAPPROVED: _____

GIVEN REASON:

_____

By: _____Date:_____
REHS SIGNATURE

_____REHS CALLED APPLICANT _____REHS UPDATED DHD _____REHS RETURNED FORM

COMMISSARY ID#:01011_____