CITY OF LONG BEACH
DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH
MOBILE FOOD PROGRAM
2525 GRAND AVENUE, ROOM 220, LONG BEACH CA 90815
562-570-4132 * FAX 562-570-4038

COMMISSARY LETTER

Vehicle Business Name | **Vehicle License Plate#/Cart#** | **Vehicle Make & Year (If Applicable)**

Owner Name | **Owner Driver's License #**

Owner's Mailing Address | **City** | **State** | **Zip**

Commissary Name | **Commissary Phone#** | **Commissary Fax#**

Commissary Address | **City** | **State** | **Zip**

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Operator's Name of **Vehicle Name** has my permission to use my food establishment as a commissary. My food establishment is currently under permit and inspection with the (County of… _____ Permit#: _____

My food establishment can accommodate the operator with following functions: (Check √ applicable functions)

☐ **Supply Pre-packaged Food**
☐ **Supply Un-packaged Food (Food Prep)**
☐ **Back-up Storage Of Frozen Foods**
☐ **Back-up Storage Of Refrigerated Foods**
☐ **Potable Water Provided** (**Food Grade Hoses and Approved Hose Connection**)
☐ **Waste Water Discharge to Sanitary Sewer**
☐ **Storage Of Dry Food & Food Related Products**
☐ **Cleaning & Service Operations**
☐ **Hand-wash Sinks** (**at Kitchen/Prep Area**)
☐ **Dish Sink** (**3 Compartment Sink**)
☐ **Food Preparation Sink**
☐ **Janitorial Sink**
☐ **Restroom**

Parking Space / Cart Space Number: _____

According to the Health and Safety Code, Section 114295, the vehicle is to operate out of an approved commissary. The vehicle is to report to the commissary at least once each operating day. If the operator discontinues use of the commissary, it is necessary to notify this Department to facilitate proper changes.

X _____ _____

Commissary Operator Signature **Date**