



COMMISSARY/ PERMITTED FOOD FACILITY (PFF) AGREEMENT FORM

APPLICANT INFORMATION

Type of Facility: MFF (trailer/cart/MSU) TFF Caterer Other: _____ For Vehicles, License #: _____
Business Name: _____ Owner/Operator Name: _____
Owner/Operator Address: _____ City: _____ ST: _____ Zip: _____
Phone: () _____ Mobile: () _____ E-mail: _____
Provide days & times of commissary/PFF use: Mon: _____ Tues: _____ Wed: _____ Th: _____ Fri: _____ Sat: _____ Sun: _____
I will be operating at a county-approved Swap Meet: Yes No Name of Swap Meet : _____

I, the owner/operator, will operate out of the commissary/PFF noted below. I will store all food and operating equipment at the permitted food facility. For vehicles: I will report to the facility at least once each operating day for cleaning and servicing.

Applicant Signature: _____ Print: _____ Date: _____

COMMISSARY/PERMITTED FOOD FACILITY INFORMATION

Type of Facility: Commissary Restaurant Rental Kitchen Host Facility (caterers only) Other: _____
Facility Name: _____ Facility ID (FA#): _____
Owner/Operator Name: _____ Phone: () _____
Facility Address: _____ City: _____ ST: _____ Zip: _____
Business Phone: () _____ E-mail: _____
Food Safety Certificate Holder: _____ Certificate Company/ID #: _____ Date Issued: _____

<input type="checkbox"/> Food Preparation Areas	<input type="checkbox"/> Warewashing facilities and cleaning service operations
<input type="checkbox"/> Supply food products and/or supplies (e.g. ice, meat, utensils)	<input type="checkbox"/> Storage of cleaning chemicals
<input type="checkbox"/> Supply of hot and cold potable water	<input type="checkbox"/> Provide for proper solid waste disposal
<input type="checkbox"/> Storage of frozen/refrigerated food and dry food	<input type="checkbox"/> Provide for proper liquid/waste tank disposal
<input type="checkbox"/> Storage of food-related products and catering equipment	<input type="checkbox"/> Provide used cooking oil disposal
<input type="checkbox"/> Electrical hook-up (for MFF's)	<input type="checkbox"/> Toilet & handwashing facilities for employees

I, the commissary/PFF owner/operator, can and will provide the necessary facilities, as indicated above by the applicant, at my permitted food facility. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this facility. In addition, I will notify Madera County Environmental Health Division (MCEHD) when this agreement is terminated by either of the involved parties.

Commissary/PFF Operator Signature: _____ Print: _____ Date: _____

COMMISSARY/PERMITTED FOOD FACILITY OUTSIDE OF MADERA COUNTY

Provide a copy of a valid Environmental Health Permit for the commissary/PFF and obtain a signature of an Environmental Health Specialist (EHS/REHS) from the local Environmental Health agency of that county.

County Name: _____ Phone: () _____ Date: _____
Address: _____ City: _____ ST: _____ Zip: _____

The above checked requirements are available at the proposed commissary/permitted food facility.

EHS/REHS Name (print): _____ Food Facility Permit Expiration Date: _____
EHS/REHS Signature: _____ REHS #: _____

You are hereby advised that pursuant to the California Health and Safety Code, Section 114395, any person who violates any provision of this part or regulation adopted pursuant to this part is guilty of a misdemeanor. Each offense shall be punished by a fine of not less than twenty-five dollars (\$25) or more than one thousand dollars (\$1,000) or by imprisonment in the county jail for a term not exceeding six months, or by both fine and imprisonment. In addition to the penalties prescribed under California Health and Safety Code, Section 114387, violators who operate without the necessary permits shall be subject to closure of the facility and a penalty not to exceed three times the cost of the health permit.