



Lassen County Environmental Health Department
 1445 Paul Bunyan Road, Susanville, CA 96130
 (530) 251-8528 • FAX (530) 251-2668

**COMMISSARY or Mobile Support Unit (MSU) VERIFICATION
 MOBILE FOOD FACILITY (MFF)/ Multi Event Vendors (MEV)**

MFF BUSINESS INFORMATION

Where do you primarily operate in Lassen County?

Please list the area(s) and / or addresses * :

Type of Facility: MEV MFF – Cat. A (Food prep. at commissary) MFF – Cat. B MFF –Cat. C MFF- Cat. D

MFF Business Name (Name on vehicle or cart): _____

License Plate Number: _____

Owner Name: _____

Owner Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: (Home) () _____ (Mobile) () _____

COMMISSARY INFORMATION

Type of Facility: Commissary MSU Restaurant Market Other

Commissary Business Name: _____

Commissary Owner's Name: _____

Commissary Address: _____ City: _____ Zip Code: _____

Phone Number: (Business) () _____ (Mobile) () _____

I, the above-mentioned MFF owner/operator will operate out of the above mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) (C.H.S.C. Sec. 114297). I will store the MFF at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Lassen County Environmental Department at (530) 251-8528 to make the necessary changes.

- | | | |
|---|---|--|
| <input type="checkbox"/> Preparation or packaging of food | <input type="checkbox"/> Potable water supply | <input type="checkbox"/> Overnight parking |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Warewashing | <input type="checkbox"/> Refrigerated/ frozen food storage |
| <input type="checkbox"/> Toilet & handwashing | <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Supplies storage |
| <input type="checkbox"/> Waste tank/ sewage disposal facilities | <input type="checkbox"/> Waste grease removal | <input type="checkbox"/> Supply food products |

Signature of MFF Owner

Date

I, the Commissary Owner/Operator, can and will provide the necessary facilities as checked for the above-mentioned MFF at my permitted facility:

Signature of Commissary Owner

Date

NOTE: Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate.

Commissary Approval: Pending Approved Disapproved-Reason: _____

Verified by: _____ Date _____

*if you are going to park the MFF at one location for longer than one hour, complete the Restroom Verification Form.