

Department of Public Health

Environmental Health Division

PO BOX 11867, Fresno, CA 93775-1867, 1221 Fulton Street, (559) 600-3357 www.fcdph.org

COMMISSARY AUTHORIZATION 2025

		Оре	rator initials this	box up	oon receiving a	а сору с	of this comp	leted form →		
Vehicle Facility Information	FA			FC	OOD			·		
Vehicle Business Name	Vehicle Licen	nse Plate	S:							
Vehicle Business Owner	Business Owner						Business Owner Home Phone			
Vehicle Owner Address	Business Owner Address						Business Owner Cell Phone			
Vehicle City, State, ZIP	Business Owner City, State, ZIP						Business Owner Email Address			
Food Manager's Name (Unpackaged PHF only): Date Certified: ServSafe Prometric Always Food Safe 360 Training Above Training/State Food Safety NRFSP										
Under penalty of perjury, by signing below, I certify that I and/or my employee(s) will use the commissary identified below for all of the indicated services and I will not store food, utensils, vehicles or any other item for retail use at any private home or other unapproved facility as determined by the Environmental Health Division. Furthermore, if I decide to change commissaries in the future, then I will complete another Commissary Authorization form and submit it to the Environmental Health Division office for approval before I start using the new commissary.										
Signature of Vehicle Business Owner:	Print Name					Date Signed				
Commissary Information (to be completed by Commissary owner/authorized representative)										
Commissary Business Name	,		Business Own			•		,		
Commissary Business Address		City		Z	ΊΡ	Phone)			
Permit Expiration Date			ted in what Coul , Dother co	unty:	r county, ple	ase coi	mplete the	back side of this form		
Authorization (to be completed by Com	missary c	wner	/authorized	d rep	resentativ	/e)				
Under penalty of perjury, by signing below, I, the uservices checked below for the vehicle(s) identified operator(s). The commissary has the capability an	undersigned in the "Vel	d, on b hicle F	ehalf of the a acility Inform	above ation'	-identified o	commis ove an	nd its own	er(s) or		
☐ Disposal of wastewater from vehicle waste water tank(s) ☐ Supply of ice for keeping prepackaged foods col										
Supply of potable water for vehicle water holding tank(s)								• •		
☐ Use of facility for cleaning and servicing vehicle(s) ☐ Supply of food product(s)										
☐ Storage of vehicle(s), including on days when vehicle(s) is not operating ☐ Use of utensil washing facilities										
☐ Supply of ice for consumption (must be from an indoor ice machine) ☐ Use of food preparation facilities										
The vehicle(s) identified above and its owner(s) or		-				-				
authorization expires on March 31, 2026. The food facilities. Food vehicles are to report to the coon behalf of above-identified commissary, I thealth, Environmental Health Division at 559	ommissary agree to I	at leas	st once each o	opera	ting day for the Fresn	cleani o Cou	ing and se nty Depa	ervicing operations. Artment of Public		
the commissary or if we discontinue their use	e of this c	ommi	ssary.			-				
Commissary Owner/Authorized Representative Signed	Print Name	e and Ti	tie				Date			

Rev. 2/6/2025

Commissary Authorization, Commissaries Located Outside Fresno County

The following must be completed by the local Environmental Health inspection agency for commissaries located outside Fresno County:

		FA		FOOD					
This department does not object to the listed food establishment being used as a commissary for the business identified on the first page. The food establishment has the following two items:									
	ate:								
☐ 1. Current Permit to Operate issued by this department									
	Food Safety Manager's Name			Date Certified					
2. Current Food Safety Manager									
Circulate of PEUO			D-4-						
Signature of REHS:			Date						
County of			Phone						