

Commissary or Base of Operation Authorization Form (Not for Mobile Reciprocity Facilities)

This serves to notify the Anne Arundel County Department of Health that:

I, _____ the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

Attach a copy of the Food Service Facility License to this application

Name of Commissary or Base of Operation			
Address of Commissary or Base of Operation			
Name of Owner/Licensee			
Days/Hours of Operation			
Day Phone		E-mail Address	
Water Supply	__Public __Private	Sewage Disposal	__Public __Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by the _____ (Jurisdiction) Department of Health regulated food facility serving as commissary. *Note: If you answer 'No' to any of the items below please explain.*

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. () Yes () No	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day. If Yes, describe. () Yes () No
2. Potable (drinking) water for filling water tanks. () Yes () No	6. Sanitary disposal of waste water and grease. () Yes () No
3. A three compartment sink for sanitizing utensils. () Yes () No	7. Disposal of garbage and refuse. () Yes () No
4. Hot and cold potable water under pressure for cleaning. () Yes () No	8. Storage of vehicle/cart. () Yes () No

Signature of Commissary Operator

Print Name

Date

I, _____ (owner or operator) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Anne Arundel County Department of Health food service facility license may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Anne Arundel County Department of Health.

Signature of Mobile Food Establishment Owner/Licensee

Print Name

Date