



Community Development Agency

Environmental Health

Env.Health@nevadacountyca.gov
www.nevadacountyca.gov/eh

950 Maidu Avenue, Suite 170
PO BOX 599002
Nevada City, CA 95959

PH: (530) 265-1222 ext. 3
FAX: (530) 265-9854

COMMISSARY AGREEMENT

Mobile Food Facility • Caterer • Temporary Food Facility • Platform Kitchen Operation

Section 1 - To be completed by Applicant – Please print or type

Business Name: _____ Permit # (PR #): _____
Owner/Operator Name: _____ Email: _____
Business Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Bus. Phone: _____

I, _____, hereby state that the above information is current and I agree to utilize my commissary in accordance with California Retail Food Code requirements. If this commissary agreement form is modified or canceled by either myself or the commissary operator, I understand that it is my responsibility to provide a new form or update to Environmental Health.

Print Name & Title: _____ Signature: _____ Date: _____

Section 2 – To be completed by Commissary Owner/Operator- Please print or type

Commissary Name: _____ Permit # (PR #): _____
Owner/Operator Name: _____ Email: _____
Commissary Address: _____ City: _____ State: _____
Zip: _____ Bus. Phone: _____ Hours of Operation: _____

Check all services provided at the commissary:

- | | | |
|---|---|--|
| <input type="checkbox"/> Preparation or packaging of food | <input type="checkbox"/> Refrigerated/frozen food storage | <input type="checkbox"/> 3-compartment sink |
| <input type="checkbox"/> Potable water supply | <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Liquid waste disposal facilities | <input type="checkbox"/> Food Equipment storage | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Waste grease removal | <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Truck cleaning |
| <input type="checkbox"/> Disposal of garbage | <input type="checkbox"/> Handwashing facilities | <input type="checkbox"/> Janitorial sink |
| <input type="checkbox"/> Other services not listed: _____ | | |

I, _____, hereby state that the information I have provided is current, and to the best of my knowledge, meets California Retail Food Code requirements. I understand, that if the food operator stated above, leaves my commissary, or if this contract is modified, I am required to notify Environmental Health immediately.

Print Name & Title: _____ Signature: _____ Date: _____

Section 3 – To be completed by the local Environmental Health jurisdiction if commissary located outside of Nevada County.

This commissary is located in _____ County. The above commissary facility meets the commissary requirements pursuant to CRFC Sections 114211, 114245.1, 114294, and 114326. Please notify Nevada County Department of Environmental Health, should the status of this permit change or if it falls below acceptable CRFC standards.

REHS Signature: _____ Print Name: _____

Date: _____ Bus. Phone: _____