



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR
CHERYL SCOTT MD, MPH, PUBLIC HEALTH OFFICER

Environmental Health
351 Tres Pinos Road, Ste. C-1
Hollister, California 95023
(831) 636-4035
Fax (831) 636-4037

FOOD VENDOR COMMISSARY AUTHORIZATION

California Health and Safety Code requires all food vendors are required to operate out of a commissary or a food facility approved by Environmental Health Services (EHS). This form is to be completed and submitted to EHS for review. Approval of the use of the proposed commissary facility must be obtained from EHS before a Health Permit can be issued or renewed.

Type of Vendor Facility: (Check ___ the appropriate box)

☐ Mobile Food Facility (MFF) ☐ Mobile Food Preparation Unit (MFPU) ☐ Mobile Support Unit (MSU)

☐ Produce Vendor

☐ Swap Meet Vendor

☐ TFF Annual Vendor

Food Vendor Information:

Owner Name: _____

Business Name: (Name on vehicle or booth) _____

Business Address: _____

Phone Number: _____ Vehicle License Number: _____

Home Address: _____

Home Phone Number: _____ Drivers License Number: _____

I understand and agree to notify and receive written approval from Environmental Health Services (EHS) prior to any change in services provided by the commissary indicated below or the commissary location. I do hereby agree to comply with California Health & Safety Code sections pertaining to the approved use of a commissary for the above named food facility.

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

Commissary Information: (A copy of the current Health Permit is required for any commissary not located within the County of San Benito County)

Type of Food Facility: ___ Commissary ___ Restaurant ___ Market ___ Other _____

Commissary Owner Name: _____

Commissary Business Name: _____

Business Address: _____

Business Phone: _____ Health Permit No. _____ Permit Expiration: _____

I, the Commissary Owner/Operator, can and will provide the necessary facilities for this vendor at my permitted food facility as checked below. Prompt written notice of any changes in the use of this commissary will be provided to EHS.

Check ___ all of the appropriate boxes below.

- | | | | |
|--|---|--|--------------------------|
| ☐ Waste disposal | ☐ Storage of refrigerated foods (see note below) | ☐ Preparation of food | ☐ |
| ☐ Cleaning/ servicing operation | ☐ Storage of produce (see note below) | ☐ Storage of supplies | Other: _____ |
| ☐ Toilet & hand washing | ☐ Storage dry food (see note below) | ☐ Utensil wash | _____ |
| ☐ Potable water fill site | ☐ Storage of frozen food (see note below) | ☐ Overnight parking | |

Note: Food products remaining after each day's operation are to be stored only in an approved commissary.

(Printed Name of Commissary Owner/Operator)

(Signature of Commissary Owner/Operator)

(Date)

PUBLIC HEALTH SERVICES
351 Tres Pinos Road, Suite A-202
Hollister, CA 95023
*31-637-5367

ENVIRONMENTAL HEALTH
351 Tres Pinos Road, Suite C-1
Hollister CA 95023
831-636-4035

MEDICAL THERAPY UNIT
761 South Street
Hollister CA 95023
831-637-1989

HEALTH EDUCATION PROGRAMS
351 Tres Pinos Road, Suite A-202
Hollister CA 95023
831-637-5367