



**Monterey County Health Department**  
**Environmental Health Division**  
 1270 Natividad Road, Salinas, CA 93906, (831) 755-4508, FAX (831)755-4555

**COMMISSARY AUTHORIZATION**

**Mobile Food Facility (MFF) Information**

MFF Business Name _____		FA _____
MFF Business Owner _____		Vehicle License Numbers _____ _____ _____ _____
MFF Business E-mail _____		
MFF Owner Address _____		
City _____	Zip _____	
Name of Food Safety Certified person _____		Expiration Date: _____
Mobile Food Facility (MFF) reports daily to commissary at what time? _____ AM PM		
MFF is stored at commissary from _____ AM PM to _____ AM PM Provide the following		
Information if MFF is stored at another commercial location:		
_____		
Business Name _____	Address _____	City _____ Phone # _____

**Approved Restroom within 200 feet & Authorized Use**

Are you at a stationary location for more than one hour? <input type="checkbox"/> YES Hours of Operation _____ to _____ <input type="checkbox"/> NO		
If yes, provide address of stationary location below:		
Address _____	City _____	Cross Street _____
Restroom Location _____	Business Name _____	Address _____ City _____
Business Owner's Name _____	Signature _____	Phone # _____
Business Owner's E-mail _____		

<b>FOR MONTEREY COUNTY OFFICE USE</b>		
FA08 _____	SR00 _____	Health Permit Fees Current: _____
Date Paid: _____	Receipt # _____	Amount Paid: \$ _____ IN: _____
Approved <input type="checkbox"/> YES <input type="checkbox"/> NO: _____		
_____	EHS Name _____	EHS Signature _____ Date _____
COMMENTS: _____		
_____		

