



City of North Richland Hills
Consumer Health Division

COMMISSARY APPROVAL

Required for All Mobile Food Units and Weekend Food Vendors

Commissary Name _____ Phone#(____) _____

Address _____
(Street) (City) (State) (Zip Code)

The following services may be performed at this commissary:

- [] Wash, rinse and sanitize all food contact surfaces
[] Wash out truck
[] Fill with fresh water
[] Storage of good/single service articles (paper goods)
[] Have use of inside preparation facilities
[] Limited access to facility
[] Service area is covered
[] Service area has nonabsorbent floor
[] Dispose of waste water
[] Store mobile unit
[] Have access to facility at all times
[] Access Hours _____

COMMENTS _____

The Mobile Food Unit described below can be found at this commissary:

Days/Times: _____

NAME OF MOBILE VEHICLE _____

VEHICLE MAKE _____ YEAR _____ VEHICLE LIC.# _____

VEHICLE IDENTIFICATION # _____

NAME OF VEHICLE OPERATOR _____

OPERATORS ADDRESS _____ PHONE #(____) _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ DRIVER'S LIC.# _____
(Month) (Day) (Yr) (State)

The mobile vehicle listed below has permission to use my facility to perform the items checked above. I certify that all information is true and correct.

*PROVIDE A CURRENT COMMISSARY INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY

*ITENERARY MUST BE PROVIDED MONTHLY IN ORDER TO INSPECT MOBILE UNITS IN THE FIELD.

Mobile Food Unit Owner/Operator (Print/Sign): _____ Date _____

Commissary Owner (Print/Sign) _____ Date _____