



# Orange County Department of Health

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## Mobile Food Service Commissary Letter

FOR OFFICE USE ONLY	
F#	_____
P	_____
OP#	_____

Date: \_\_\_\_\_

Number of Mobile Units:

Name(s) of Mobile Food Unit(s) \_\_\_\_\_ Mobile Food Owner's Name(s) \_\_\_\_\_

Mobile Food Operator's Mailing Address \_\_\_\_\_

Street No. Street Name City State Zip Code

has my permission to use my establishment as a commissary for storing, replenishing, and preparing food, for washing and sanitizing equipment and utensils, for disposing of all solid and liquid wastes accumulated during operation.

I confirm and verify that the following services will be provided for the Mobile Food Establishment:

- Potable water for filling water tanks.
- A two or three compartment sink for sanitizing utensils.
- Hot and cold running water for cleaning.
- Sanitary disposal of wastewater and grease.
- Disposal of garbage and refuse.
- Adequate space for refrigeration/storage of food, utensils and other supplies.
- Adequate space for food preparation.

<b>Name of Commissary</b>		
<b>Address of Commissary</b>		
<b>Name of Owner/ Operator of Commissary</b>		
<b>Commissary's Owner/Op Phone</b>		<b>Commissary's Owner/Op Email</b>
<b>Commissary Water Supply</b> _____ Public _____ Private		<b>Commissary Sewage Disposal</b> _____ Public _____ Private

Signature of Commissary Operator Print Name Date

Check box if a copy of the Commissary Permit/Food Service Permit or License is attached. \*\*\*Must be included if not permitted by Orange County Department of Health\*\*\*