



Orange County Department of Health

124 Main Street, Goshen, New York 10924-2199 ❖ Ph: (845) 291-2331 ❖ Fax: (845) 291-4078

Mobile Food Service Commissary Letter

Date:

No. of Mobile Units:

Orange County Department of Health

Division of Environmental Health

124 Main St.

Goshen, NY 10924

_____ (Mobile Unit Name & Owner's Name) of

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 waste water and grease.
- Disposal of garbage and refuse.
- Adequate space for storage of food, utensils and other supplies.
- Adequate space for food preparation.

Name of Commissary			
Address of Commissary			
Name of Owner/ Operator			
Phone		Email	
Commissary Water Supply _____Public _____Private		Commissary Sewage Disposal _____Public _____Private	

Signature of Commissary Operator

Print Name

Date

Check box if a copy of the Commissary Permit or License is attached.