Planning Building & Environmental

1195 Third Street, Suite 101
Napa, CA 94559
www.countyofnapa.org

A Tradition of Stewardship
A Commitment to Service

COMMISSARY VERIFICATION

Name of Proposed Business: _____
Commissary Name: _____
Owner's Name: _____
Site Address: _____
Phone Number: _____

I, the commissary owner/operator, can and will provide the necessary facilities for the above-mentioned vehicle at my commissary as indicated below (check all that apply):

☐ Preparation of Food	☐ Store Frozen Food	☐ Store Refrigerated Food
☐ Electrical Hook-up	☐ Store Dry Food	☐ Store Supplies
☐ Toilet & Handwashing	☐ Overnight Parking	☐ Supply Food Products

☐ Other: _____

_____

Owner of Commissary Signature Date

AUTHORIZED HEALTH DEPARTMENT (required):

Please have the following information completed by an authorized County R.E.H.S. if the commissary/food establishment is **outside *Napa County;*** and provide a copy of the most recent inspection report.

Food establishment/Commissary is located in _____ County
Is the food establishment/commissary in question currently in good standing with the permitting County/City Health Department (Please check one)? ____YES ____NO
If "NO", please explain below (or provide an attachment as needed):

_____

_____

Permitting County REHS: _____

Print Name Signature Date

I certify that, to the best of my knowledge, the above information is true and that I will comply with all applicable local, city, county and state requirements. I understand that all commissary services are approved for this location only, and I must receive prior approval before using any other location.

_____

Owner or Authorized Agent Date