

# Environmental Health Services



## COMMISSARY SERVICE VERIFICATION

This form is to be completed when the licensed owner of the Commissary provides food service activities conducted at the Commissary to support a Mobile Food Unit operation.

Check the following statement that applies to your operation:

- If the Mobile Food Unit arrives daily at the commissary solely to pick up clean utensils prior to operating and drop off used utensils at the end of the day, you are required to complete and return this Commissary Service Verification form.
- If the Mobile Food Unit conducts any food service activities at the commissary (e.g., utensil washing and/or any food preparation activities such as food washing, thawing, cooking, cooling, and reheating) a separate Commissary License in the mobile food unit owner's name **MUST** be obtained.

### MOBILE UNIT

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facility Number: \_\_\_\_\_

### LICENSED FOOD SERVICE FACILITY

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facility Number: \_\_\_\_\_  
County Licensed in: \_\_\_\_\_

This agreement between the above mentioned two parties is valid only for the current calendar year. In the event that the agreement for commissary usage is terminated, the mobile food unit license is immediately suspended and all operations must immediately discontinue until the owner/operator of the mobile food unit secures the services of an approved commissary and provides another valid Commissary Service Verification form to the Multnomah County Environmental Health Program. This agreement becomes invalid if the commissary or food service establishment does not have a current license.

**I agree to comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules of the Oregon Department of Human Services pertaining thereto. I certify, as the legal owner of the business named herein, that the information provided is true and correct to the best of my knowledge. It is a Class B Misdemeanor to knowingly make any false written statement in connection with an application (ORS 162.085).**

*All information provided is a matter of public record.*

Commissary Owners Printed Name: \_\_\_\_\_

Commissary Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Commissary Service Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

**If denied, assure that a valid Commissary License is obtained.**

County of Commissary License: \_\_\_\_\_ Facility #: \_\_\_\_\_

Commissary License Verified by: \_\_\_\_\_ Date: \_\_\_\_\_