

Environmental Health Division

DEPARTMENT OF PLANNING AND BUILDING SERVICES

707 Nevada Street, Suite 5 · Susanville, CA 96130-3912

(530) 251-8269 · (530) 251-8373 (fax)

www.co.lassen.ca.us

COMMISSARY or Mobile Support Unit (MSU) VERIFICATION MOBILE FOOD FACILITY (MFF)/ Multi Event Vendors (MEV)

MFF BUSINESS INFORMATION					
Where do you primarily operate in Lassen County? Please list the area(s) and / or addresses * :					
Type of ☐ MEV ☐ MF	F – Cat. A prep. at commissary)	☐ MFF – Cat. B	☐ MFF –Cat. C	☐ MFF- Cat. D	
MFF Business Name (Name on v					
License Plate Number:		<u></u>			
Owner Name:					
Owner Mailing Address:		City:		Zip Code:	
Phone Number: (Home) ()		(Mobile)	()	
COMMISSARY INFORMAT	TION				
Type of Facility:	nissary	Restaurant	☐ Market	Other	
Commissary Business Name:					
Commissary Owner's Name:					
Commissary Address:		City:		Zip Code:	
Phone Number: (Business)	()	(Mobile)	()		
I, the above-mentioned MFF ow the commissary at least once e 114297). I will store the MFF at commissary is discontinued, I was make the necessary changes.	ach operating day for the approved comn will notify the Lasse	or cleaning and servi nissary or another ap n County Environme	cing (As noted belo proved location. If ntal Department at (w) (C.H.S.C. Sec. the use of the 530) 251-8528 to	
[] Preparation or packaging of food [] Electrical hook-up		[] Potable water supply [] Warewashing		[] Overnight parking [] Refrigerated/ frozen food storage	
[] Toilet & handwashing		ood storage	[] Supplies sto		
[] Waste tank/ sewage disposal faci	lities [] Waste	e grease removal	[] Supply food [oroducts	
Signature of MFF Owner				Date	
I, the Commissary Owner/Ope mentioned MFF at my permitted		provide the necessar	ary facilities as ch	ecked for the above-	
Signature of Commissary Owner				Date	
NOTE: Use of an unapproved fa	acility for any of abo	ve purposes can lead	d to revocation of y	our permit to operate.	
Commissary Approval: □ Per	nding Approved	□ Disapproved-Re	eason:		
Varified by	Data				

^{*}if you are going to park the MFF at one location for longer than one hour, complete the Restroom Verification Form.