

San Angelo—Tom Green County Health Department

Phone 325-657-4493

72 W. College

SAN ANGELO, TEXAS 76903



*****Please Print or Type Plainly; Incomplete Applications will not be processed*****

Commissary Name _____ Phone #(____)_____

Address _____
(Street) (City) (State) (Zip)

The following services may be performed at my commissary:

(Check the appropriate items)

- | | |
|---|---|
| <input type="checkbox"/> Wash, rinse, and sanitize all food contact surfaces | <input type="checkbox"/> Service area is covered |
| <input type="checkbox"/> Wash out truck/mobile | <input type="checkbox"/> Dispose of waste water |
| <input type="checkbox"/> Fill with fresh water | <input type="checkbox"/> Store mobile unit |
| <input type="checkbox"/> Storage of good/single service articles
(Paper goods) | <input type="checkbox"/> Service area has nonabsorbent
Floor |
| <input type="checkbox"/> Have use of inside preparation facilities | <input type="checkbox"/> Have access to facility at all times. |
| <input type="checkbox"/> Limited access to facility | <input type="checkbox"/> Access Hours_____ |

PROVIDE A CURRENT COMMISSARY INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY

Comments:

The Food Establishment and/or Mobile Vehicle (circle applicable) listed below has permission to use my facility to perform the items checked above. I certify that this information is true and correct.

NAME OF MOBILE / FOOD ESTABLISHMENT _____

VEHICLE MAKE _____ YEAR _____ VEHICLE LIC. # _____

VEHICLE IDENTIFICATION # _____

NAME OF VEHICLE OPERATOR _____

OPERATOR'S ADDRESS _____ PHONE # _____

DATE OF BIRTH ____/____/____ DRIVER'S LIC. # _____

COMMISSARY OWNER'S SIGNATURE _____ DATE _____