



PINAL COUNTY
Wide open opportunity

Pinal County Division of Environmental Health

31 N. Pinal St. Bldg. F, Florence, AZ 85232
(520)866-6864 or toll free 1(866)287-0209 * fax (520) 866-6007

COMMISSARY APPROVAL

(Please type or print clearly in Black Ink)
Incomplete applications will not be processed

Commissary Name _____ Phone# _____

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

The following services may be performed at my commissary:

- | | |
|--|---|
| <input type="checkbox"/> Wash, rinse and sanitize all food contact surfaces | <input type="checkbox"/> Service area is covered |
| <input type="checkbox"/> Wash out truck | <input type="checkbox"/> Service area has nonabsorbent floor |
| <input type="checkbox"/> Fill with fresh water | <input type="checkbox"/> Dispose of waste water |
| <input type="checkbox"/> Storage of good/single service articles (paper goods) | <input type="checkbox"/> Store mobile unit |
| <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 INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY

COMMENTS _____

The mobile vehicle listed below has permission to use my facility to perform the items checked above.

COMMISSARY OWNER'S SIGNATURE _____ DATE _____

NAME OF MOBILE VEHICLE _____

VEHICLE MAKE _____ YEAR _____ VEHICLE LIC.# _____

VEHICLE IDENTIFICATION # _____

NAME OF VEHICLE OPERATOR _____

OPERATORS ADDRESS _____
(Street) (City) (State & Zip)

OPERATOR(S) PHONE # _____

I certify that this information is true and correct.

VEHICLE OPERATOR'S SIGNATURE _____ DATE _____