BUCKS COUNTY DEPARTMENT OF HEALTH

MOBILE FOOD UNIT/CART - COMMISSARY VERIFICATION

PART 1. MUST BE COMPLETED BY MOBILE FOOD UNIT/CART APPLICANT

Name of Mobile Food Unit/Cart_____

Mobile Food Unit/Cart ID # _____ Certified Food Safety Manager _____

Mobile Food Unit/Cart Sticker # _____ Certificate # of Certified Food Safety Manager _____

Mobile Unit or Cart #	Make of Unit/Cart	Year	Manufacturer's Serial #	Registration (License Plate #.)

Municipality in which majority of sales occur: _____
Township/Borough in Bucks County

Name and Address of Commissary used:_____
Name Address

Township/Borough State Zip Phone # ID# of Commissary (If in Bucks County)

1. Do you operate from the above commissary daily for all food, water, and supplies? Yes ☐ No ☐
2. Do you report back to the above commissary at days end for all cleaning, servicing operations, and waste disposal? Yes ☐ No ☐

Date:_____ **Signature of Owner**:_____

If any of the above questions are answered NO , you do not qualify to apply for a mobile food unit/cart license.

PART 2. MUST BE COMPLETED BY COMMISSARY OWNER/MANAGER

1. Is the above named Commissary being used by this mobile food unit /cart operator? Yes ☐ No ☐
2. Does this operator obtain his food, water and supplies from your commissary? Yes ☐ No ☐
3. Does this operator report back to your commissary at days end for all cleaning, servicing operations, and waste disposal? Yes ☐ No ☐
4. Is your commissary licensed and inspected by an appropriate regulatory authority? (Also submit a copy of your current license & inspection form) Yes ☐ No ☐
5. I will notify the Bucks County Department of Health if this mobile food unit operator ceases to utilize our commissary. Yes ☐ No ☐

If any of the above questions are answered NO, your commissary does not qualify for use by this mobile food unit/cart.

THIS FORM MUST BE FILLED OUT ANNUALLY OR WHEN YOU CHANGE YOUR COMMISSARY!

Date:_____ Name _____ _____
Signature of Commissary Operator/Title

Date Notarized: _____ _____
Notary Seal/Stamp & Signature