

Siskiyou County Community Development-Environmental Health Division 806 South Main Street, Yreka, CA 96097 – Telephone 530-841-2100 FAX 530-841-4076

Commissary Agreement

Must be submitted annually for Health Permit issuance

Business Information

Business Name: -						
Business Type:	Mobile	Catering	Other: _			
Phone:		Ema	iil:			
Owner Name:						
	otify Environmenta	al Health of any c	hanges to this	agreement and u	he commissary no less than once per Inderstand that I must not perform any ailable.	
Signature of Business Owner				Da	nte	
Commissary	Informatio	on				
Type of Facility:	Commissar	y Rest	aurant	Market		
Commissary Nam	ie:					
Commissary Own	er:					
Commissary Addı	ess					
Phone:		Ema	Email:			
Hours of Operatio	n:					
I, as the commissa	ry owner/operato	or, will provide t	he follow to t	he facility listed	above:	
Preparation or packaging of food R			Refridger	Refridgerated/frozen food storage		
Potable water supply			Dry food storage			
Liquid waste disposal			Utensil storage			
Waste grease removal			Electrical hook up			
Warewashing			Restrooms			
Overnight (oarking		Janitorial facilities			