



ANNUAL COMMISSARY OPERATOR'S AUTHORIZATION

DATE: ____/____/____ VEHICLE (S) PLATE (S): ____ - ____ VIN ____
____ - ____ VIN ____
____ - ____ VIN ____

Consumer Health Division
Code Compliance Department
818 Missouri Ave. - Room 154
Fort Worth, Texas 76104-3618

I, _____, Owner of Commissary, _____, located at
OWNER OF COMMISSARY COMMISSARY NAME

_____; (____) - ____
STREET NO. STREET NAME CITY STATE ZIP CODE PHONE NUMBER

Authorize _____, Owner of _____, to use my
OWNER OF MOBILE BUSINESS NAME OF MOBILE BUSINESS
establishment as a commissary for storing and replenishing food and operating supplies, for washing and cleaning the mobile food unit, for disposing of all solid and liquid wastes accumulated in the operation of the mobile food unit and for cleaning inside and outside the mobile food unit.

I confirm and verify that my commissary meets all Texas Food Establishment Rule requirements including:

1. A hard surfaced area with overhead protection for supplying, cleaning and servicing the mobile establishment. Areas used only for the loading of potable water or discharge of liquid wastes through a closed system of hoses need not be protected.
2. Potable water servicing location with equipment that is installed, stored and handled to protect the water and equipment from contamination.
3. A location for flushing and draining liquid wastes through a closed system of hoses that is separate from the location provided for water servicing and for loading and unloading food and related supplies.

I am attaching copies of my current health permit and the most recent health inspection report, which the mobile unit operator must present to the City of Fort Worth Code Compliance Consumer Health Department at the time of making application for a mobile food establishment permit.

STATEMENT OF AFFIRMATION (FILL OUT WITH BLUE INK ONLY)

I, _____, have read the notarized letter affixed with my signature and do solemnly swear that the
OWNER OF COMMISSARY
forgoing statements are true in substance. I will provide servicing facilities for the mobile vendor identified above.

OWNER OF COMMISSARY - SIGNATURE

OWNER OF COMMISSARY - PRINT

COMMISSARY PERMIT EXPIRATION DATE: ____/____/____

NOTARY'S SIGNATURE

____/____/____ State of _____ County of _____
DATE

NOTARY'S SEAL