



Environmental Health

AFFIDAVIT
Central Preparation Facility (CPF)/Commissary
for Mobile Food Unit (MFU)

(To be completed by the commissary owner, attach with your Food Permit Application)

MOBILE FOOD UNIT OWNER INFORMATION

Name: _____ **Phone/Mobile:** _____

Home Address: _____

E-Mail Address: _____ **Web Site:** _____

DBA: _____

License Plate Number: _____ **Vehicle Make/Model:** _____

RESTAURANT/CENTRAL PREPARATION FACILITY/COMMISSARY OWNER

Name: _____ **Phone/Mobile:** _____

Commissary DBA: _____

Commissary Address: _____

Commissary Contact: _____ **Phone Number:** _____

I hereby declare that _____ @ _____
(Name) (MFU DBA)

has my permission to use my approved commissary, _____
(Central Preparation Facility/Commissary DBA)

located at _____

“Promoting healthy lifestyles, preventing disease, and protecting the health of our community”

My commissary is well maintained and in compliance with the requirements of Beaumont Health Department (BPHD) Environmental Health Division and the Texas Food Establishment Regulations, and will provide the MFU the following approved facilities/services:

(Items already checked are mandatory):

- Adequate facility for storage of food, utensils and other supplies
- Adequate facility for storage of MFU at the end of the day or when not in use
- Adequate facility for the sanitary disposal of garbage and liquid wastes
- Adequate facility for food preparation (if food is not prepared on the truck)
Note: Food may not be prepared at home
- Potable water for filling water tanks
- Hot and cold water under pressure for cleaning and sanitizing
- Equipment is NSF approved (Walk-in coolers, freezers, etc...)
- Approved janitorial sink, toilet, utensil washing, and hand washing facilities with single service soap and paper towels in dispensers

I, _____, Central Preparation Facility/Commissary owner, agree to notify BPHD Environmental Health Division at 409-832-7463 if the above mentioned MFU has discontinued its CPF/Commissary use or has not utilized this CPF/Commissary per operational requirements.

I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this agreement. I am aware that my Health Permit as Central Preparation Facility/Commissary may be jeopardized if found to be in violation of this permit.

Print Name

Signature

Date

NOTE: I also understand that as a Central Preparation Facility/Commissary for a mobile food unit, I will be inspected for accurate documentation of the MFU's service log.

STATE OF _____

COUNTY OF _____

Subscribed and sworn by _____

before me on this _____ day of _____, 20 _____.

(SEAL)

Signature of Notary Public or authorized official/officer

Printed name of Notary Public or authorized official/officer

BELOW IS FOR OFFICIAL USE ONLY:

Current Health Permit Available: **YES or NO**
Attach copy of current health permit.

Current Inspection Report Available: **YES or NO**
Attach copy of current inspection report.

Approved by BPHD:

Health Inspector

Date