****

**Mobile Food Establishment**

**Commissary Verification Form**

**Verification Form Guidance**

**Mobile Food Establishment**

The Michigan Food Law of 2000, as amended defines a mobile food establishment as a food establishment operating from a vehicle or watercraft that returns to a licensed commissary for servicing and maintenance at least once every 24 hours.

**Mobile Food Establishment Commissary**

A mobile food establishment commissary is defined as an operation that is capable of servicing a mobile food establishment. Any licensed food establishment can serve as a mobile food establishment commissary if that food establishment can support the needed services of the mobile food establishment. A food establishment acting as a commissary must be assessed to determine it has adequate facilities (e.g. cold storage space, dry storage space, water supply, waste water disposal, hot water, appropriate equipment, etc.) to support the services needed by the mobile food establishment.

A licensed food establishment that serves as a mobile food establishment commissary shall provide:

* Adequate equipment and space for proper storage of food, utensils, equipment, linens and single service articles.
* The ability to safely handle the volume of food and food preparation activities.
* Sufficient capacities for washing, rinsing, sanitization and drying of equipment and utensils
* Approved and adequate facilities for the sanitary disposal of liquid waste (Michigan Food Law §6131).
* Approved and adequate potable water supply (Michigan Modified Food Code §5-101, 5-102, 5-103).
* Approved and adequate facilities for the collection of solid waste.
* A servicing area with overhead protection (Michigan Modified Food Code §6-202.18).

**Verification Form**

A “Mobile Food Establishment Commissary Verification Form” has been developed to verify the food establishment acting as the mobile food establishment commissary is properly licensed and has the capacity/ability to provide necessary services to the mobile food establishment. When the food establishment acting as the mobile food establishment commissary will be licensed under a different operator than the operator of the licensed mobile food establishment, the license holder of the mobile food establishment will need to complete this verification form and provide copies to the appropriate regulatory agencies. A new verification form shall be completed and submitted to the appropriate regulatory agencies whenever a change in the mobile food establishment commissary location occurs. **The operator of the mobile food establishment is required to obtain the necessary signatures and distribute the completed copies of the verification form as follows:**

* Maintain the original document on board the mobile food establishment.
* Send one copy to the food establishment acting as mobile food establishment commissary.
* Send one copy to the mobile food establishment licensing regulatory authority (Local Health Department-LHD or Michigan Department of Agriculture and Rural Development-MDARD).
* Send one copy to the licensing regulatory authority (LHD or MDARD) who oversees the food establishment that is acting as the mobile food establishment commissary.

**Mobile Food Establishment Commissary Verification Form**

**Part A – To be completed by the MOBILE FOOD ESTABLISHMENT operator:**

Mobile Food Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License/Establishment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Licensed Mobile Food Establishment Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Liquid Waste Disposal Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Water Supply Filling Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mobile Food Establishment owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B – To be completed by the FOOD ESTABLISHMENT (acting as the Mobile Food Establishment Commissary) operator:**

Food Establishment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License/Establishment Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A copy of the current license may be requested

I hereby verify that I have agreed to provide and oversee all the following marked services to the above mobile food establishment operator at least once every 24 hours of operation for each unit listed:

* [ ]  Adequate equipment and space for proper storage of food, utensils, equipment, linens and single service articles.
* [ ]  The ability to safely handle the volume of food and food preparation activities.
* [ ]  Sufficient capacities for washing, rinsing, sanitization and drying of equipment and utensils
* [ ]  Approved and adequate facilities for the sanitary disposal of liquid waste (Michigan Food Law §6131).
* [ ]  Approved and adequate potable water supply (Michigan Modified Food Code §5-101, 5-102, 5-103).
* [ ]  Approved and adequate facilities for the collection of solid waste.
* [ ]  A servicing area with overhead protection (Michigan Modified Food Code §6-202.18).

Use the following space to list additional services provided by the Food Establishment to the Mobile Food Establishment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, you have agreed to act as a Mobile Food Commissary supplying and overseeing the above services for the listed Mobile Food Establishment(s).

Signature of Food Establishment owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C –To be completed by MDARD/LHD INSPECTOR of the Food Establishment acting as a Mobile Food Establishment Commissary.**

By signing this form, you have verified that the named Food Establishment can adequately service the named Mobile Food Establishment. The liquid waste disposal facility and the water supply facility have been inspected and are approved by the Local Health Department.

Signature of Regulatory Agency Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regulatory Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_