## 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		Make of Unit/Cart	Year	Manufacturer's Serial #		Registration (License Plate #.)
Municipality in which majority of sales occur:						
Name and Address of Commissary used:  Name  Name  Address						
rianic a	na Address of	Commissary useu	Name	Address		
Township/Borough State Zip Phone # ID# of Commissary (If in Bucks County)						ary (If in Bucks County)
<ol> <li>Do you operate from the above commissary daily for all food, water, Yes □ No □ and supplies?</li> </ol>						No □
2.	Do you report back to the above commissary at days end for all Yes ☐ No ☐ cleaning, servicing operations, and waste disposal?					
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						
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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 Yes □ N regulatory authority? (Also submit a copy of your current license & inspection form)					No □
5.	I will notify the Bucks County Department of Health if this mobile food Yes ☐ No ☐ unit operator ceases to utilize our commissary.					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	<del></del>	Ciamatuma af	Commisso	m. On anota u/Title
			,	oignature of	Commissa	ry Operator/Title
Date Notarized:  Notary Seal/Stamp & Signature						