

## PREPACKAGED ICE CREAM TRUCK REQUIREMENTS



1. The ice cream truck shall operate in conjunction with an approved commissary. Complete the **Shared Food Facility/Commissary Agreement** form.
2. Complete **Health Permit Application** and submit with current annual health permit fee.
3. Provide an approved freezer for ice cream storage.
4. Provide owner identification on two sides of the ice cream truck as follows:
  - a. Business name or name of operator in at least 3-inch letters
  - b. City, state and Zip code in at least 1-inch letters
  - c. Name of permittee (if different from the name of the food facility) in at least 1-inch letters.
  - d. All letters shall of a contrasting color to the ice cream truck.
5. The ice cream truck shall operate in conjunction with an approved commissary. Prepackaged ice cream trucks may utilize the facility where the ice cream is purchased as the commissary.
6. Ice cream trucks that are occupied during normal business operations shall have a clear unobstructed height over the aisleway portion of the unit at least 74 inches from floor to ceiling, and a minimum of 30 inches of unobstructed horizontal aisle space.
7. Spare tires, related automotive equipment, or special tools shall be stored separate from food.
8. Provide a first aid kit and fire extinguisher.
9. All prepackaged ice cream must be properly labeled.

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## SHARED FOOD FACILITY/COMMISSARY AGREEMENT

### I. To be completed by APPLICANT — *Please print or type.*

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

Business Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. (**Note:** If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)

Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

### II. To be completed by COMMISSARY OWNER/OPERATOR — *Please print or type.*

Commissary Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

Commissary Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Commissary Owner Name \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I understand and agree to provide for the following requirements: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> sanitary wastewater disposal  | <input type="checkbox"/> adequate storage for food/equipment |
| <input type="checkbox"/> potable water   | <input type="checkbox"/> utensil washing                     |
| <input type="checkbox"/> proper disposal of refuse & garbage   | <input type="checkbox"/> electrical hookups                  |
| <input type="checkbox"/> hot & cold water for vehicle cleaning   | <input type="checkbox"/> toilet & hand washing facilities    |
| <input type="checkbox"/> food preparation area   | <input type="checkbox"/> overnight vehicle storage           |
| <input type="checkbox"/> vehicle/cart storage (circle one) vehicle make/year _____ license plate # _____ |  |

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located outside of Marin County — *Please print or type.*

The food establishment is located in \_\_\_\_\_ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS \_\_\_\_\_ Print Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Date \_\_\_\_\_

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