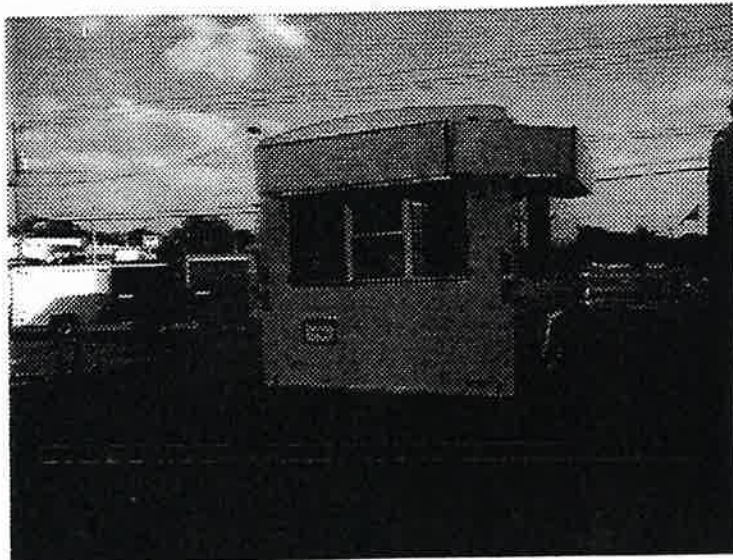
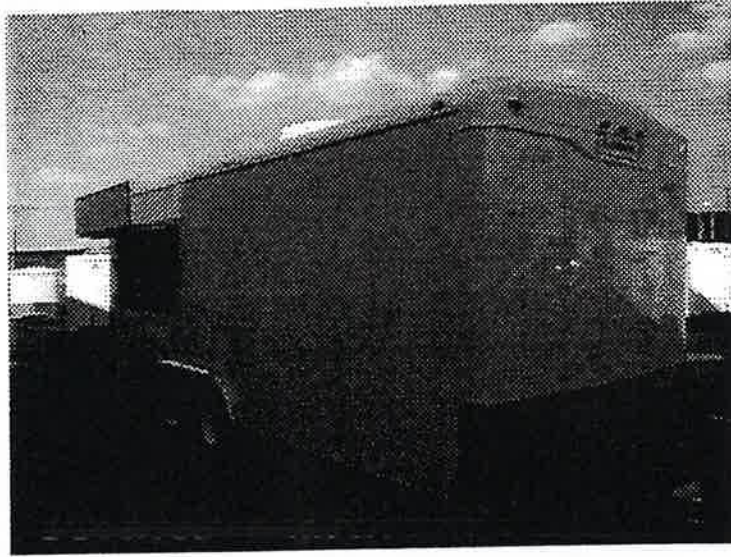


SERVICE TRAILER





DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Division of Hotels and Restaurants

COMMISSARY LETTER

A separate commissary letter form should be completed for each establishment that provides commissary services to a MFDV.

Commissary is "an approved food service establishment, or other approved support facility where food, containers, or supplies are stored, prepared, or packaged, or where utensils are sanitized for transit to, and sale or service at, other locations or where liquid and solid wastes are disposed, or where potable water is obtained." 61C-4.009(7), Florida Administrative Code (FAC)

A mobile food dispensing vehicle (MFDV) is "any vehicle mounted public food service establishment which is self-propelled or otherwise movable from place to place and is self-sufficient for utilities, such as gas, water, electricity and waste disposal." 61C-4.009(33), FAC

It is the duty of each operator of a public food service establishment that provides commissary services to maintain a daily registry verifying that each MFDV that receives such services is properly licensed by the division. In order that such licensure may be readily verified, each MFDV operator shall permanently affix in prominent place on the side of the vehicle, in figures at least two inches high and in contrasting colors from the background, the operator's public food service establishment license number. Prior to providing commissary services, each public food service establishment must verify that the license number displayed on the vehicle matches the number on the vehicle operator's public food service establishment license. 509.101(3), Florida Statutes

- MFDV's that are licensed as frankfurter units must report to their commissary daily.
- MFDV's that have a three compartment sink, handwash sink, potable water system that can only support a single days operation must report to their commissary daily.
- MFDV's that have a three compartment sink, handwash sink, adequate refrigeration and storage capacity, full provision of power utilities including electrical, gas, or a portable power generation unit, potable water holding tank large enough for a full week's operation and adequate liquid waste disposal system, must report to their commissary at least weekly.

STATE APPROVED COMMISSARY	MOBILE FOOD DISPENSING VEHICLE
Business Name: <u>West Coast Seafood</u>	Owner Name: <u>Terrell Beard</u>
Address: <u>510 Wildo Rd</u> <u>Monterey, Fla. 32641</u>	Business Name: <u>Terrell's Bar-B-Q</u>
Telephone: <u>(352) 378-8119</u>	License Number: _____
Licensing Agency: <input checked="" type="checkbox"/> BPR <input type="checkbox"/> HRS <input type="checkbox"/> DACS	
License Number: <u>99-636-432-68/352</u>	

THE MOBILE FOOD DISPENSING VEHICLE WILL UTILIZE THE FOLLOWING LOCATIONS FOR SUPPORT SERVICES

Establishment Name, Address, and Telephone Number	Support Service
<u>West Coast Seafood, 510 Wildo Rd, Grille, FL</u>	<u>Ribs, Chicken, Pork, Beef</u>
<u>SAM'S CLUB, West SR 200, Ocala, FL</u>	<u>Dry Goods, Misc</u>
<u>Big Midget meat market, W. 10th St, Ocala</u>	<u>Ribs, Chicken, Pork, Beef</u>

WATER SUPPLY <input checked="" type="checkbox"/> Municipal / Utility <input type="checkbox"/> On-site well	WASTEWATER DISPOSAL <input checked="" type="checkbox"/> Municipal / Utility <input type="checkbox"/> Package Plant <input type="checkbox"/> Septic Tank System
---	--

INDICATE THE EQUIPMENT PROVIDED AT THE COMMISSARY THAT MUST BE UTILIZED FOR SUPPORT SERVICES

<input type="checkbox"/> Three compartment sink	<input type="checkbox"/> Cooking equipment
<input type="checkbox"/> Hand wash sink	<input type="checkbox"/> Dry storage capacity
<input type="checkbox"/> Mop sink/can wash	<input type="checkbox"/> Potable water supply
<input checked="" type="checkbox"/> Dump station	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Cooler/freezer	

AS REPRESENTATIVE OF THE ABOVE ESTABLISHMENT, PERMISSION IS GRANTED TO THE MOBILE UNIT OWNER TO UTILIZE THE ESTABLISHMENT AS A COMMISSARY.

I have read and understand my responsibilities as outlined above.

BETTY JEAN C. RUFFS
Name (please print)

[Signature]
Signature

11921
Date