

Michigan Department of Agriculture
Food and Dairy Division

Mobile Food Establishments

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. The commissary must be specifically licensed as a "Mobile Food Establishment Commissary".

A licensed mobile food establishment commissary shall provide:

1. All food and beverages served from the mobile unit.
2. Adequate space for proper storage of food, utensils, equipment, linens and single service articles.
3. The ability to safely handle the volume of food and food preparation activities.
4. Sufficient equipment/utensil washing, rinsing, sanitization and drying capacities.
5. Approved and adequate facilities for the collection of solid waste.
6. A servicing area with overhead protection (Food Code 6-202.18).

Optional services include:

1. Provision for the sanitary disposal of liquid waste. (FL 6131).
2. Facilities for providing a sufficient quantity of potable water from an approved source to the mobile food service establishment (Food Code 5-101, 5-102, 5-103).

Verification Form

A "Mobile Food Establishment Commissary Verification Form" has been developed to verify the name of the required licensed mobile food establishment commissary and the services provided. A new form shall be completed 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 copies of the verification form as follows:**

1. Maintain the original document on board the mobile food establishment.
2. Send one copy to the mobile food establishment licensing regulatory authority (local health department or MDA Regional office).
3. Send one copy to the mobile food establishment commissary.
4. Send one copy to the MDA, Food and Dairy Division, Licensing Section, c/o Rosy Ruedger, P.O. Box 30017, Lansing, Michigan, 48909

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: _____

Liquid Waste Disposal Site: _____

Water Supply Filling Location: _____

Part B – To be completed by the MOBILE FOOD ESTABLISHMENT COMMISSARY operator

Mobile Food Commissary Name: _____

Business Address: _____

Owner: _____

License/Establishment Number: _____

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

1. All food and beverages served from the mobile unit.
2. Adequate space for proper storage of food, utensils, equipment, linens and single service articles.
3. The ability to safely handle the volume of food and food preparation activities.
4. Sufficient equipment/utensil washing, rinsing, sanitization and drying capacities.
5. Approved and adequate facilities for the collection of solid waste.
6. A servicing area with overhead protection (Food Code 6-202.18).

I also provide the following optional services (check appropriate item(s)):

1. Facilities for the sanitary disposal of liquid waste. (FL 6131).
2. Facilities for providing a sufficient quantity of potable water from an approved source to the mobile food service establishment (Food Code 5-101, 5-102, 5-103).

Please use the back of the form to list additional services provided by the Mobile Food Commissary.

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

Signature of Mobile Food Establishment Commissary owner: _____

Date: ___ / ___ / ___

Part C – To be completed by MDA/LHD inspector of the Mobile Food Establishment Commissary

By signing this form, you have verified that the named Mobile Food Establishment Commissary 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 agency representative: _____ **Date:** ___ / ___ / ___

Agency Name: _____