



CONTRA COSTA ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100, CONCORD, CA 94520
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retailfood@cchealth.org

FORM
B

MOBILE FOOD FACILITY (MFF) COMMISSARY SERVICES AGREEMENT FORM

CONTRA COSTA COUNTY COMMISSARY OUT-OF-COUNTY COMMISSARY (Requires Out-Of-County Environmental Health Verification)

FOR MULTIPLE COMMISSARIES, SUBMIT A COMPLETED COMMISSARY FORM FOR EACH LOCATION.

A. FACILITY TYPE

MFF COMMISSARY RESTAURANT* PRODUCTION KITCHEN * OTHER: _____
 *Must have an Additional Commissary Permit if in Contra Costa County.

B. COMMISSARY INFORMATION

Facility Name: Zee Cooks
 Facility Address: 1750 Cesar Chavez Unit D^{SH} San Francisco
 Facility Phone #: 415 948-7348 Fax: _____
 Facility Owner Name: Zeynep Ayracl E-mail: zee@zeecooks.com

C. COMMISSARY OWNER/OPERATOR AGREEMENT

I, OWNER/OPERATOR, WILL PROVIDE THE FOLLOWING SERVICES TO MFF APPLICANT:

COMMERCIAL COOKING KITCHEN	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	OVERNIGHT MFF PARKING/STORAGE	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
FOOD/EQUIPMENT DRY STORAGE	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	LIQUID WASTE DISPOSAL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
REFRIGERATED/FROZEN FOOD STORAGE	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	ELECTRICAL HOOK UP	YES <input type="checkbox"/> NO <input type="checkbox"/>
WAREWASHING AREA	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	GREASE/OIL DISPOSAL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
POTABLE WATER SUPPLY	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	GARBAGE AND REFUSE DISPOSAL	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

I, OWNER/OPERATOR, hereby declare that I hold a valid environmental health permit to operate as a commissary as defined by the California Retail Food Code, Chapter 10 meeting the California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. I will notify Contra Costa County Environmental Health Division by written document, of any change in the status of my operation, my environmental health permit, when this commissary agreement is terminated or when the MFF fails to utilize the services checked above at this commissary.

Print Commissary Owner/Operator: Zeynep Ayracl Signature: [Signature] Date: 02/25/24

D. MFF OWNER/OPERATOR INFORMATION

I, MFF OWNER/OPERATOR, will operate out of the above-mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (as noted above) [CRFC Sec. 114297]. I will store the MFF at the approved commissary or another approved location overnight. I will notify Contra Costa County Environmental Health Division in writing of any changes to this agreement.

MFF Business Name: THE GRANDMAS KITCHEN INC License Plate #: 18404S3
 Print Owner/Operator: ALEJANDRO ASUNCION GONGORA GONZALEZ Signature: [Signature] Date: 02/17/2024

E. OUT OF COUNTY COMMISSARY ENVIRONMENTAL HEALTH VERIFICATION

If commissary establishment is outside of Contra Costa County, the local environmental health jurisdiction shall verify current commissary health permit by signing below. Food establishment is in _____ County/City. Facility above meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements. The above checked requirements are available at the proposed commissary.

REHS Name: _____ Signature: _____ REHS #: _____
 Phone #: _____ E-mail: _____ Date: _____