

EL DORADO COUNTY ENVIRONMENTAL MANAGEMENT ENVIRONMENTAL HEALTH DIVISION

2850 Fairlane Ct., Bldg. C, Placerville, CA 95667 - (530) 621-5300 924 B Emerald Bay Rd, So. Lake Tahoe, CA 96150 - (530)573-3450

VERIFICATION OF COMMISSARY

Business Name: Address:		City:		Zip:	-
Phone:	Fax:		Email:	Zip:	-
Vehicle Make/Mode	el·				
Vehicle License Pla	te Number:				
Vehicle Identification	on Number (VIN):_				
BUSINESS OWN	ER:				
Name:					
Address:		City:		Zip:	_
Phone:	Fax:		Email:	Zip:	-
prepackaged for sale are disposed, or pota	e or serviced at other able water is obtain ironmental Health	er locations. C. Ved. If the use of	Utensils are cl the commissa	re stored. B. Food is pre leaned. D. Liquid and so ary is discontinued, the p the necessary changes.	olid waste
Signature of Busin	ness Owner			Date	
Please use site plan or supplies are store	1 0	ate the location i	n the commis	sary where your food, co	ontainers,
COMMISSARY IN	FORMATION: (A	ttach a copy of t	he current anı	nual Health Permit)	
Commissary Name:					-
Commissary Owner	:				
Commissary Address	SS:				
City:		Zıp:			
Commissary Phone:	:	Fax:			
Type of Facility:	■ Commissary	Restaurant	■ Market	Other	
agree to allow the a		_		ove, and I am aware tha	t
Signature of Comm	niccary Owner			Data	