



Glenn County Health Services

Commissary permission form

ADMINISTRATION

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

ENVIRONMENTAL HEALTH

257 N. Villa Ave.
Willows, CA 95988
(530) 934-6102
FAX: (530) 934-6103

FISCAL

247 N. Villa Ave.
Willows, CA 95988
(530) 934-6347
FAX: (530) 934-6369

MENTAL HEALTH

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

604 E. Walker St.
Orland, CA
(530) 865-6459
FAX: (530) 865-6483
Mailing Address
242 N. Villa Ave.
Willows, CA 95988

PUBLIC HEALTH

240 N. Villa Ave.
Willows, CA 95988
(530) 934-6588
FAX: (530) 934-6463

SUBSTANCE ABUSE

1187 E. South St.
Orland, CA 95963
(530) 865-1146
FAX: (530) 865-1150
Mailing Address
P.O. Box 1174 E South St
Orland, CA 95963

Date _____

I do hereby give permission to the Operator of _____,
(name of business), to use our food facility during normal business hours as a
commissary as per the California Retail Food Code, Sections 113751, 114295 and
114297.

We are permitted with the local county or state health authority.

We will allow this business to store foods here, in a safe, clean environment.

We will allow this business to dispose of liquid and solid waste.

We will allow this business to obtain potable water.

Refrigeration space is available for the storage of their foods.

Clean restroom facilities are available here for the operators use.

A mop sink is available for the operators use.

Name of Commissary (food facility) _____

Address of Commissary _____

Phone number of Commissary _____

Name of Manager of Commissary _____

Signature of Manager of Commissary _____

Signature of Operator using Commissary _____

Attach a copy of the Commissaries local or state permit to operate as a food facility.