

# COMMISSARY AGREEMENT

A "commissary" is a food establishment with a valid Department of Health permit that serves as a support kitchen for another food establishment(s) (lunch wagons, carts, boats, kiosks, meal serving sites, food manufacturer, etc.).

## Commissary

|   |                |
|---|----------------|
| Name of Commissary (dba)                                  | Permit No.     |
| Street Address of Commissary                              | Phone No.      |
| Owner Name (Corp., LLC, Partnership, Sole Owner, Other)   |                |
| Commissary Use Authorized By:                             |                |
| _____<br>Signature of Commissary Owner/Authorized Person  | _____<br>Date  |
| _____<br>Print Name of Commissary Owner/Authorized Person | _____<br>Title |

## Food Establishment Using Commissary Above

|  |  |
|--|--|
| Name of Food Establishment (dba)   | Permit No. (Renewal Only)                                    |
| Owner Name (Corp., LLC, Partnership, Sole Owner, Other)  |  |
| The operations conducted in the commissary will include (check all that apply):                                |  |
| <input type="checkbox"/> Cold storage of food products   |  |
| <input type="checkbox"/> Dry storage of food products  |  |
| <input type="checkbox"/> Food preparation (preparing, cutting, cooking, cooling, reheating, repackaging, etc.) |  |
| <input type="checkbox"/> Cleaning/Sanitizing of equipment and utensils   |  |
| <input type="checkbox"/> Servicing water system (filling potable water and disposal of wastewater)             |  |
| <input type="checkbox"/> Other (list): _____<br>_____  |  |
| Expected scheduled usage of commissary (circle all that apply):  |  |
| Days:  | Sun      Mon      Tues      Wed      Thurs      Fri      Sat |
| Hours:   | _____  |
| _____<br>Signature of Food Establishment Owner/Authorized Person   | _____<br>Date  |
| _____<br>Print Name of Food Establishment Owner/Authorized Person  | _____<br>Phone Number of Owner/Authorized Person             |