COMMISSARY AGREEMENT

Type of operation:

Food Processor   Mobile unit – If yes:   Full Service   Limited Service   Push Cart

Temporary event establishment

Owner Name: ________________________________________________________________

Business Name: ___________________________ Phone: ____________________________

Permit Type: if Different than listed above_________________________________________

Establishment License No. ____________________________

Signature: ___________________________________________ Date: ________________

TO BE COMPLETED BY COMMISSARY OWNER/OPERATOR – Please print or type.

This facility will be providing the following services to the above mentioned business owner/operator as a food processor/full or limited service mobile or pushcart. The commissary agrees to supply the following on a:

Daily basis   Weekly basis   Other; explain______________________________________________

☐ Fresh water supply   ☐ Food Storage
☐ Food preparation   ☐ Garbage Disposal
☐ Grey water disposal   ☐ Warehouse facilities
☐ Vending unit cleaning facilities   ☐ Vending unit storage
☐ Chemical storage

Commissary Name: ____________________________________________________________

Commissary Owner/Manager: _________________________________________________

Address: ___________________________ City/State: ________________ Zip: ________

Phone: ___________________________ FAX: ____________________________

E-Mail address: ____________________________________________________________

Establishment License No. _________________

Signature: ___________________________________________ Title: ____________________

Date: __________________________

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