



Commissary Agreement

I agree to report daily to the commissary listed below. The facility will be providing the following services to my mobile food business. Check all that apply.

- FRESH WATER SUPPLY GREY WATER DISPOSAL
- WAREWASHING (three-compartment sink) DISPOSAL OF GARBAGE
- FACILITIES FOR FOOD PREPARATION & STORAGE
- STORAGE AREA FOR SUPPLIES AND CHEMICALS
- REST ROOM FACILITIES AVAILABLE AT THE COMMISSARY
- PARKING FOR MOBILE WHEN NOT IN OPERATION

COMMISSARY BUSINESS NAME _____

TELEPHONE/CELL _____ E-MAIL ADDRESS _____

COMMISSARY OWNER/MANAGER NAME _____

COMMISSARY ADDRESS _____

COMMISSARY HOURS OF OPERATION _____

SIGNATURE OF COMMISSARY OWNER/MANAGER _____ DATE _____

MOBILE FOOD BUSINESS NAME _____

TELEPHONE/CELL _____ E-MAIL ADDRESS _____

OWNER OF MOBILE FOOD BUSINESS _____

LICENSE PLATE # _____ VIN # _____

PLEASE ATTACH PHOTO OF YOUR UNIT

SIGNATURE OF MOBILE FOOD BUSINESS OWNER _____ DATE _____

For Department use only

Health Authority Signature _____ **DATE** _____

Commissary FA # _____ **Mobile Unit FA #** _____