



# Mobile Food Commissary Agreement

City of Albuquerque Environmental Health Department, Consumer Health Protection Division

I agree to report daily to the commissary listed below. The facility will be providing the following services to my mobile food business. I understand that failure to report to the commissary on a daily basis when the mobile unit is in operation may result in enforcement action by City of Albuquerque Environmental Health Department, including suspension of the permit to operate the mobile unit. This commissary agreement expires annually on the date of the expiration of the health permit and must be renewed on an annual basis. A copy of your current commissary agreement must be provided annually to the Environmental Health Department. In signing this agreement, I agree to comply with the requirements of the City of Albuquerque Food Sanitation Ordinance and all other applicable ordinances and regulations.

Check all commissary activities 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
- PARKING FOR MOBILE WHEN NOT IN OPERATION

It is the responsibility of the commissary owner to report to the City of Albuquerque Environmental Health Department any mobile food vendor that signs a commissary agreement but does not actually use the commissary services that have been agreed to in this document. Failure to do so may result in enforcement action including permit suspension of the commissary permit.

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 # \_\_\_\_\_

SIGNATURE OF MOBILE FOOD BUSINESS OWNER \_\_\_\_\_ DATE \_\_\_\_\_

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**For Department use only**

Health Authority Signature \_\_\_\_\_ DATE \_\_\_\_\_

Commissary FA # \_\_\_\_\_

Mobile Unit FA # \_\_\_\_\_

EXPIRATION DATE OF COMMISSARY AGREEMENT \_\_\_\_\_

Food Permit expiration date: \_\_\_\_\_

**COLLECT PHOTO OF THE MOBILE UNIT FOR FILE**

Revised 6/2017

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