



CITY OF ALBUQUERQUE
ENVIRONMENTAL HEALTH DEPARTMENT
CONSUMER HEALTH PROTECTION DIVISION
COMMISSARY AGREEMENT

311 OR (505)768-2716

Tim Keller, Mayor

I agree to report to the commissary listed below every day of operation where food service is provided by my mobile food unit. 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:

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

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: _____

PHONE: _____ EMAIL: _____

COMMISSARY OWNER/MANAGER NAME: _____

COMMISSARY ADDRESS: _____

COMMISSARY HOURS OF OPERATION:

MONDAY: _____	FRIDAY: _____
TUESDAY: _____	SATURDAY: _____
WEDNESDAY: _____	SUNDAY: _____
THURSDAY: _____	

SIGNATURE OF COMMISSARY OWNER/MANAGER: _____ DATE: _____

MOBILE UNIT BUSINESS NAME: _____

PHONE: _____ EMAIL: _____

MOBILE UNIT OWNER NAME: _____

MOBILE UNIT LICENSE PLATE #: _____ VIN #: _____

SIGNATURE OF COMMISSARY OWNER/MANAGER: _____ DATE: _____

FOR OFFICIAL USE ONLY

COMMISSARY FA#: _____ PERMIT/AGREEMENT EXP DATE: _____

MOBILE UNIT FA#: _____

PHOTO OF UNIT COLLECTED FOR FILE

HEALTH AUTHORITY SIGNATURE: _____ DATE: _____