

COMMISSARY AGREEMENT

THIS FORM MUST BE KEPT AT YOUR VENDING LOCATION AT ALL TIMES

Food Cart, Mobile Unit or Shaved Ice Stand Information

Business Name _____ Operating Address _____

Business Owner (print) _____ Home Phone / Cell Phone _____

Business Mailing Address _____ City _____ Zip _____ Business Phone # _____

I agree to report to the commissary facility listed below each operational day for food preparation, food storage, supplies, cleaning and service operations. **I understand that failure to use the commissary on each day of operation and failure to immediately report any change in commissary arrangements to the Bureau of Food Protection may result in permit suspension.**

Signed _____
Business Owner _____ Date _____

Commissary Information

Commissary Name _____ Commissary Owner (print) _____

Commissary Address _____ City _____ Zip _____ Commissary Phone # _____

I agree to provide the following commissary services and space for the above food cart, mobile unit or shaved ice stand:

- | | |
|--|---|
| <input type="checkbox"/> Supply Food Products | <input type="checkbox"/> Facilities for cleaning cart/truck |
| <input type="checkbox"/> Storage of food & supplies | <input type="checkbox"/> Disposal of gray (waste) water |
| <input type="checkbox"/> Supply potable water | <input type="checkbox"/> Supply culinary ice |
| <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Garbage dumpster access |
| <input type="checkbox"/> Warewashing facilities | <input type="checkbox"/> Refrigeration space |
| <input type="checkbox"/> Food preparation facilities | |

Signed _____
Commissary Owner/Manager _____ Date _____

Approved by EHS: _____
Sign _____ Print _____