



# Commissary Agreement

Must be submitted annually for Health Permit issuance

## Commissary Information

Type of Facility:    Commissary        Restaurant        Market        Other: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Owner: \_\_\_\_\_

Commissary Address \_\_\_\_\_

Phone: \_\_\_\_\_        Email: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

I, as the commissary owner/operator, will provide the follow to the facility listed above:

Preparation or packaging of food

Refridgerated/frozen food storage

Potable water supply

Dry food storage

Liquid waste disposal

Utensil storage

Waste grease removal

Electrical hook up

Warewashing

Restrooms

Overnight parking

Janitorial facilities

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date