



### COMMISSARY AGREEMENT

Many food operations use a commissary for various food preparation or other support activities. This agreement signifies that both parties agree to vendor's use of facilities for services listed below. Vendor may not use a different commissary without prior approval; the agreement must be renewed with every renewal or reissuance of a permit and is not transferable. This agreement is independent of any other agreements made between the commissary kitchen and the vendor.

Food Establishment Name: \_\_\_\_\_  
Operator/Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Commissary Kitchen Name: \_\_\_\_\_  
Commissary Address: \_\_\_\_\_  
Commissary Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I own both the business requiring and the business providing commissary services. (If checked, **STOP**. \*Sign bottom of form and submit.)

My estimated times of use of the commissary kitchen:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date/Time of operations at kitchen							

I am to use this commissary kitchen for the following (check all that applies):

<input type="checkbox"/> Potable water supply	<input type="checkbox"/> Thermal Processing/ Food Processing (cooking, reheating, etc)
<input type="checkbox"/> Wastewater disposal	<input type="checkbox"/> Cooling foods
<input type="checkbox"/> Solid Waste disposal	<input type="checkbox"/> Equipment and utensil washing
<input type="checkbox"/> Food storage (dry storage, refrigeration, freezer, etc.)	<input type="checkbox"/> Unit cleaning location
<input type="checkbox"/> Food preparation (assembly, produce washing, etc.)	<input type="checkbox"/> Other: _____

\*I, the commissary user, contest the above information is true to the best of my knowledge and understand my food establishment license/permit is allied to my use of the listed commissary kitchen and shall be renewed in accordance with my license/permit.

\_\_\_\_\_  
Commissary User's Signature      Date

\_\_\_\_\_  
Commissary User's Printed Name

I, the commissary kitchen owner, agree to allow the commissary user to use the commissary kitchen for the activities as indicated above and to allow open access to the commissary kitchen during agreed operating times:

\_\_\_\_\_  
Commissary Owner's Signature      Date

\_\_\_\_\_  
Commissary Owner's Printed Name

If you would like to include any additional information, please notate it on back of this sheet.

Office Use Only:  
EHS approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_