



COMMISSARY AGREEMENT

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

Food Protection Bureau
788 E. Woodoak Lane
Murray, UT 84107

Establishment Information

Permanent Vending Location Vending Route Events

Business Name _____

Operating Address _____

Business Owner (print) _____

Home Phone / Cell Phone _____

Home Address _____

City _____

Zip _____

Business Phone # _____

Commissary Information

(To be completed by commissary owner or manager)

Renewal

*New Tenant

Commissary Name _____

Commissary Owner (print) _____

Commissary Address _____

City _____

Zip _____

Commissary Owner Phone # _____

Commissary agrees to provide the following commissary services and space for the above establishment:

Check Yes or No		Services Provided	Hours Available	check Yes or No		Services Provided
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Cooking Facilities	NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial Refrigeration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Preparation Tables		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disposal of Waste Water
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dish Washing Facilities		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Overnight Parking
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cart/Truck Cleaning Facilities		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storage of Food and Supplies
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supply Potable Water		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supply Culinary Ice
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supply Food Products		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Garbage Dumpster Access

Days of the week that commissary is available: _____

Hours that commissary is available: _____

Commissary Owner/Manager Approval _____

Date _____

I agree to report to the commissary facility listed above as required by SLCoD Health Regulation #5 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 Food Protection Bureau may result in permit suspension. I understand that providing false or inaccurate information on this form may result in my permit being denied, suspended, or revoked.

Signed _____
Establishment Owner

_____ Date