

COMMISSARY/SERVICING AREA AGREEMENT

TYPE or **PRINT IN INK**. Enter N/A where requested information does not apply. Leave **NO BLANK SPACES**.

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TYPE OF MOBILE FOOD ESTABLISHMENT:

☐ TYPE 1 ☐ TYPE 2 ☐ TYPE 3 ☐ Annual Event

MOBILE FOOD ESTABLISHMENT NAME: _____

OWNER(S) NAME: _____ PHONE NO: _____

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TO BE COMPLETED BY COMMISSARY/SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a ☐ DAILY BASIS ☐ WEEKLY BASIS

☐ OTHER, EXPLAIN: _____

- | | |
|--|---|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Cleaning Area for MFU | <input type="checkbox"/> Utensil Washing Area |
| <input type="checkbox"/> Dry Goods Storage | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Refrigeration Storage | <input type="checkbox"/> Prepackaged Foods for Retail Sale |

COMMISSARY/SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____

CITY/STATE _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

FOOD ESTABLISHMENT PERMIT ISSUED BY: _____ PERMIT #: _____
(ATTACH COPY OF PERMIT/LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

SIGNATURE: _____ DATE: _____