

COMMISSARY AGREEMENT

	•				
Phone Number:	:]	E-mail Address:		
Signature:			Date:		
Mobile Units	<u>s</u>				
vehicle is requi	red to operate	from an appro	mobile food units, pushcarts wed commissary. Each vehicl cleaning and servicing operat	e must report	
☐ I agree to i	report daily to t	the commissar	y listed below.		
Farmers Mai	rkets				
A commissary	is a base of ope	erations for foc	od preparation. Food sold at a	farmers mar	ket must be prepared
in a permitted k	citchen.				
☐ I agree to 1	report as neede	d to prepare al	l food sold at the farmers ma	rket at the co	mmissary listed belov
C	T C 4.	MI : C		.	**
Commissary	<u>y informatio</u>	<u>On</u> This Comn	nissary Agreement must be i	ipdated annu	ally.
Commissary Na	ame:				
Commissary O	wner:				
Commissary Ov Address:	wner:		_City:	_State:	_Zip code:
Commissary Ov Address:	wner:			_State:	_Zip code:
Commissary Or Address: Phone Number:	wner:		_City:	_State:	_Zip code:
Commissary Or Address: Phone Number: Signature:	wner:		_City:Permit Nun	_State:	_Zip code:
Commissary Or Address: Phone Number:	wner:		_City:Permit Nun	_State: 	Zip code:
Commissary Or Address: Phone Number: Signature:	wner:		_City:Permit Nun	_State: 	Zip code:
Commissary Or Address: Phone Number: Signature: Title:	wner:	lule:		_State: nber:Date: pllowing Doc	Zip code:
Commissary Or Address: Phone Number: Signature: Title: Return to com	wner:		City:Permit NunPermit NunPermit Nun	_State: nber:Date: pllowing Doc	Zip code:
Commissary Or Address: Phone Number: Signature: Title: Return to com Sunday	wner:	lule:		_State: nber:Date: Dllowing Doc nt permit	Zip code:
Commissary Or Address: Phone Number: Signature: Title: Return to com Sunday Monday	wner:	lule:		_State: nber:Date: Dllowing Doc nt permit	Zip code:
Commissary Or Address: Phone Number: Signature: Title: Return to com Sunday Monday Tuesday	wner:	lule:	Permit Num Provide a copy of the formula inspection Report Current commissary properties The facility will be properties.	_State:Date: Dllowing Doc t permit viding the fo	_Zip code: uments:
Commissary Or Address: Phone Number: Signature: Title: Return to com Sunday Monday Tuesday Wednesday	wner:	lule:		_State: nber:Date: Dllowing Doc nt permit	Zip code: uments: Chemical storage
Commissary Or Address: Phone Number: Signature: Title: Return to com Sunday Monday Tuesday Wednesday Thursday	wner:	lule:	Permit Num Provide a copy of the fe Last inspection Report Current commissary processes The facility will be processed apply): Fresh water supply Food preparation Waste water disposa	_State:Date: Dllowing Doc t permit viding the fo	Zip code: uments: Chemical storage Cold and/or Dry F Garbage disposal
Commissary Or Address: Phone Number: Signature: Title: Return to com Sunday Monday Tuesday Wednesday	wner:	lule:	Permit NumPermit NumPermit Num	_State:Date: Dllowing Doc t permit viding the fo	Zip code: uments: Chemical storage Cold and/or Dry F

__Date:_____

Inspector Signature: