



Commissary Agreement

Mobile Food Business Name: _____

Owner Name: _____ Owner Phone: _____

Email: _____ License Plate #: _____

I agree to report to the commissary listed below each day; and as necessary, for cleaning and servicing. I understand that failure to use the commissary for the indicated service operations and failure to immediately report any change in the commissary arrangements to the Central Utah Health Department may result in the suspension of the food establishment's permit to operate.

Applicant Signature: _____ Date: _____

Commissary Name: _____ Phone: _____

Owner Name: _____ Owner Phone: _____

Address: _____

Applicable Services:

- | | |
|---|--|
| <input type="checkbox"/> Sign-in/sign-out sheet | <input type="checkbox"/> Ware washing facilities |
| <input type="checkbox"/> Overnight Parking | <input type="checkbox"/> Solid waste disposal |
| <input type="checkbox"/> Food Prep facilities | <input type="checkbox"/> Supply of culinary ice |
| <input type="checkbox"/> Storage of food & supplies | <input type="checkbox"/> Fridge/freezer storage |
| <input type="checkbox"/> Supply of potable water | <input type="checkbox"/> Cleaning facilities |
| <input type="checkbox"/> Disposal of wastewater | <input type="checkbox"/> Supply food products |

I agree to provide the indicated services to the food establishment listed above. I understand that this agreement must be updated and resubmitted annually. If my food service establishment permit to operate is suspended or revoked, I understand that I can no longer provide commissary services to any food establishment until my permit is reinstated.

Commissary Signature: _____ Date: _____

Health Dept. Approval:

Approved By: _____ Date: _____