



ARAPAHOE COUNTY PUBLIC HEALTH

COMMISSARY AGREEMENT

Retail Food Establishment DBA		Commissary DBA	
Retail Food Business Owner		Commissary Owner's Name	
Address		Address	
City	Phone	City	Phone

Mr./Mrs./Ms. _____ states that he/she has your permission to use your commissary/food facility/base of operations for the purpose of storing food and supplies used for the mobile or temporary food facility, necessary preparation of food, filling unit with potable water, cleaning of the unit, and dumping of wastewater from storage tanks.

To qualify as an approved commissary, you must:

1. Provide approved, food grade hoses for potable water supply to mobile units.
2. Provide an approved area for the storage and preparation of food products and supplies, with approved, properly installed equipment.
3. Provide an approved area with an approved 3-compartment sink/dishwasher for the washing, rinsing, and sanitizing of utensils and equipment.
4. Provide an approved area with floor drains for cleaning and maintenance of the mobile food facility.
5. Provide direct access to an approved floor sink for proper wastewater disposal from holding tanks.
6. Post and maintain a daily log (check-in/out) sheet, the mobile or temporary food facility owner must sign daily that they are using your commissary, and you must sign daily verifying that the mobile or temporary food facility uses your commissary.
7. Maintain your commissary in satisfactory condition as determined by the Local Health Department.

Once the mobile or temporary food facility has been approved for licensing, you must also agree to notify Arapahoe County Public Health if the above mentioned mobile or temporary food facility has not utilized your facility, as required, for three (3) consecutive days. You must also certify under penalty of perjury that you are the legal owner and/or operator of this food facility and will abide by the contents of this letter.

Signature

Date

Print Name

THIS AGREEMENT LETTER MUST BE UPDATED AND RESUBMITTED ANNUALLY