

COMMISSARY AGREEMENT	
	Date
I,ofofofof	
(Address of Establishment, City, State, Zip)	
give my permission to of (Mobile Unit Owner/Operator)	
<ul> <li>to use my kitchen facilities to perform the following tasks on their operational days:</li> <li>Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheat</li> <li>Warewashing</li> <li>Filling water tanks</li> <li>Dumping waste water</li> <li>Storage of foods, single service items, and cleaning agents</li> <li>Service and cleaning of equipment</li> <li>Other (specify)</li> </ul> A Commissary Use Log will be maintained and made available to the department upon request.	
Indicate how and where the commissary use log will be maintained:	
Commissary Sanitary Sewer Service:	
Signature Date Date	
Commissary Contact phone number:	
Commissary Email address:	
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