



The Commissary/Commercial Kitchen Agreement allows the named vendor access to the commissary and its facilities during days of operation. MCPHD may contact commissary to verify vendor usage and agreement. **This commissary agreement is valid for the current calendar year only.**

Name of commissary: _____		
Address: _____		
<i>Street</i>	<i>City/State</i>	<i>Zip Code</i>
Commissary Authorized Individual: _____	Commissary Food License # _____	
<i>Name &amp; Phone Number</i>	<i>Title/Position</i>	

## STATEMENT OF COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

*This agreement is to be completed and signed only by the duly authorized owner, manager, or representative of the licensed franchise/corporation.*

I, \_\_\_\_\_ do hereby grant permission for  
*Name Title/Position*  
 \_\_\_\_\_ to use  
*Mobile Food Operator/Shared Kitchen User*

\_\_\_\_\_ facilities at any time to perform the following:

*Commissary/Commercial Kitchen/Shared Kitchen*

(check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Food preparation                 | <input type="checkbox"/> Equipment storage                      | <input type="checkbox"/> Dumping wastewater        |
| <input type="checkbox"/> Food storage<br>(cooler/freezer) | <input type="checkbox"/> Ware-washing<br>equipment and utensils | <input type="checkbox"/> Chemical/supply           |
| <input type="checkbox"/> Dry food storage                 | <input type="checkbox"/> Vehicle/cart storage                   | <input type="checkbox"/> Trash disposal            |
| <input type="checkbox"/> Ice production                   | <input type="checkbox"/> Filling of water tanks                 | <input type="checkbox"/> Used cooking oil disposal |
|   |   | <input type="checkbox"/> Other services            |

*Signature of Food Establishment Owner*

Date Signed

Signature of Mobile Food Unit Owner

Date Signed

**Failure to report to the commissary at least once each day of operation may result in a civil penalties & license suspension.** 410 IAC 7-26, The Code Chapter 8 of Health & Hospital Corporation of Marion County.