



Department of Food and Consumer Safety  
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## MOBILE FOOD UNIT COMMISSARY AGREEMENT

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: _____		Street
		City/State
Commissary Authorized Individual: _____		Commissary Food License # _____
_____ Name & Phone Number		_____ Title/Position

### 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

\_\_\_\_\_  
Mobile Food Operator/Shared Kitchen User

\_\_\_\_\_  
Commissary/Commercial Kitchen/Shared Kitchen facilities at any time to perform the following:

(check all that apply):

<input type="checkbox"/> Food preparation	<input type="checkbox"/> Equipment storage	<input type="checkbox"/> Dumping wastewater
<input type="checkbox"/> Food storage (cooler/freezer)	<input type="checkbox"/> Ware-washing 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.