



Island County Public Health

Environmental Health – Food Safety Program
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Commissary Agreement

Mobile and temporary food establishment may be required to use a commissary for various food preparation or Servicing Area activities (Mobile). “Commissary” means an approved food establishment where food is stored, prepared, portioned, or packaged for service elsewhere. This agreement signifies that both parties agree to vendor’s use of facilities for services listed below. Vendor may not use a different Commissary without prior approval; the agreement must be renewed with every renewal or reissuance of a license/permit and is not transferable. This agreement is independent of any other agreements made between the Commissary and the vendor.

Food Establishment Name: _____ Operator/Owner: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Commissary Kitchen Name: _____ Operator/Owner: _____

Commissary Address: _____ License/Permit Number: _____

Phone Number: _____ E-Mail: _____

I own both the business requiring and the business providing Commissary services. (If checked, **STOP**. *Sign bottom of form and submit)

My estimated times of use of the Commissary are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date/Time							

I am to use this Commissary for the following (check all that applies):

Storage Preparation Ware washing Other: _____

I will also use the Commissary as a Mobile Food Unit Servicing Area (check all that applies):

Potable Water Waste Disposal Mobile Unit Cleaning Other: _____

*I, the Commissary user, contest the above information is true to the best of my knowledge and understand my food establishment license/permit is allied to my use of the listed Commissary and shall be renewed in accordance with my license/permit.

Commissary User's Signature Date

Commissary User's Printed Name

I, the Commissary kitchen owner, agree to allow the Commissary user to use the Commissary kitchen for the activities as indicated above and to allow open access to the Commissary kitchen during agreed operating times:

Commissary Owner's Signature Date

Commissary Owner's Printed Name

If you would like to include any additional information, please notate it on back of this sheet.

Office Use Only:
 EHS approval: _____ Date: _____
 Comments: _____
