

- I own **both** the business requiring and the business providing commissary services.
- This agreement between the commissary owner and the vendor signifies that both parties agree to the vendor's **access to and use of** the services identified below. The Snohomish County Health Department will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement

**Mobile Food Unit (MFU) requiring commissary support to qualify for a permit to operate**

Name of MFU:	
Owner of MFU:	
Mailing address:	
Phone number(s):	
Email address:	
Business days & hours:	

**The following services will be provided by the commissary:**

Approved water supply (If yes, attach water bill to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handwashing sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved waste water disposal (If yes, attach sewer bill to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food preparation sink for vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garbage disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food preparation sink for raw meats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dry storage for food and single service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved 3-compartment sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refrigeration space ____cubic feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved restroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Freezer space ____cubic feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Entrance key for after-hours access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice in pounds per day ____lbs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commissary sewage system	<input type="checkbox"/> Sewer bill or availability letter attached	
Commissary water system	<input type="checkbox"/> Water bill or availability letter attached	
Is this facility connected to a septic system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a grease trap required by sewer district or building department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## Commissary Agreement

*I verify the information provided in this agreement is accurate and we are responsible to comply with the Washington State Food Code (WAC246-215) and will allow access for inspection during business hours for either business.*

Commissary name:	
Commissary address:	
Business hours:	
Commissary owner's name:	
Commissary phone:	

\_\_\_\_\_

*Printed name of commissary owner*

\_\_\_\_\_

*Signature of commissary owner*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Printed name of mobile food unit owner*

\_\_\_\_\_

*Signature of mobile food unit owner*

\_\_\_\_\_

*Date*

**\*\*\*Washington State Retail Food Code Requirement (WAC 246-215-09126.4):** The PERSON IN CHARGE shall document presence at the COMMISSARY on a log, maintain records for one year, and shall make the records available for inspection by the REGULATORY AUTHORITY upon request. \*\*\*

I, the mobile food unit operator, acknowledge that I will be required to maintain logs detailing when I visit my commissary, how often, and for how long. I will maintain these logs for a minimum of 1 year and will keep the documents readily available for inspection at the commissary. \_\_\_\_\_ [initial]

I, the mobile food unit operator, acknowledge that the commissary logs may only be filled out and stored at my approved commissary kitchen. Commissary logs will not be filled out and kept onboard the mobile food unit. \_\_\_\_\_ [initial]