SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Commissary Agreement

☐ I own **both** the business requiring and the business providing commissary services and as such no commissary agreement is necessary.

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. Snohomish Health District (SHD) will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement

Food Service Establishment (FSE) requiring commissary support to qualify for a Permit to Operate

Name of FSE: _____

Vendor (FSE owner): _____

Mailing address: _____

Phone number(s): _____

Business days & hours: _____

The following services will be provided by the commissary:

Approved water supply	☐ Yes	☐ No	Handwashing sink	☐ Yes	☐ No
Approved waste water disposal	☐ Yes	☐ No	Food preparation sink for vegetables	☐ Yes	☐ No
Garbage disposal	☐ Yes	☐ No	Food preparation sink for raw meats	☐ Yes	☐ No
Dry storage for food and single service	☐ Yes	☐ No	Approved 3-compartment sink	☐ Yes	☐ No
Refrigeration space _____cubic feet	☐ Yes	☐ No	Approved restroom	☐ Yes	☐ No
Freezer space _____cubic feet	☐ Yes	☐ No	Entrance key for after-hours access	☐ Yes	☐ No
Ice in pounds per day _____lbs.	☐ Yes	☐ No			

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 Food Service Establishment Owner	***Signature of Food Service Establishment Owner***	***Date***

Environmental Health Division
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