



- 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

**Food Service Establishment requiring commissary support to qualify for a permit to operate**

Name of Establishment:	
Owner of Establishment:	
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/sewer form to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handwashing sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved wastewater disposal (if yes, attach water/sewer form 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
Fryer Oil Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Walk-in Refrigerator/Blast Chiller	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commissary sewage system	<input type="checkbox"/> Water/sewer form attached	
Commissary water system	<input type="checkbox"/> Water/sewer form attached	
Is this commissary 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 Food Service Establishment Owner*

\_\_\_\_\_  
*Signature of Food Service Establishment Owner*

\_\_\_\_\_  
*Date*

### **FOR MOBILE FOOD UNITS**

**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.

**Please read through the following statements and initial to indicate your agreement:**

\_\_\_\_\_ 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, the mobile food unit operator, acknowledge that I will maintain the logs for a minimum of 1 year.

\_\_\_\_\_ I, the mobile food unit operator, acknowledge that the commissary logs may only be filled out and stored ON-BOARD the mobile food unit.