



DEPARTMENT OF HEALTH AND ENVIRONMENT

1525 Blue Spruce Drive
Fort Collins, Colorado 80524-2004
General Health (970) 498-6700
Environmental Health (970) 498-6775
Fax (970) 498-6772

COMMISSARY AGREEMENT

Date

I, _____ of _____,
(Owner/Operator) (Establishment Name)

located at _____
(Address of Establishment)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Event/Caterer/Food Manufacturer)

to use my kitchen facilities to perform the following:

- | | |
|--|--------------------------|
| ____ Preparation of foods such as vegetables or fruits,
cutting meats, cooking, cooling, reheating. | ____ Ware washing |
| ____ Storage of foods, single service items, and cleaning agents | ____ Filling water tanks |
| ____ Service and cleaning of the equipment | ____ Dumping waste water |
| | ____ Other (list below) |

Commissary Water Supply? Municipal _____ Well _____

Commissary Sanitary Sewer Service? Municipal _____ Septic _____

Indicate the equipment available at the commissary for the proposed uses:

- | | | | |
|-------------------|--------------------|------------------------|---------------------|
| Hand sink_____ | Prep Sink_____ | Mop sink_____ | Three bay sink_____ |
| Dish machine_____ | Refrigeration_____ | Cooling equipment_____ | Dry Storage_____ |
| Other _____ | | | |

Indicate how and where the commissary use log will be maintained:_____

Owner/Operator

Phone Number

This Commissary Agreement is valid for this calendar year only.