



# Commissary Agreement

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, Fax: 801-525-5119

## Establishment Information

Establishment Name:	License Plate Number:
Owner Name:	Owner Phone Number:
Email Address:	
<input type="checkbox"/> Food Truck	<input type="checkbox"/> Limited-Use Food Est.
<input type="checkbox"/> Temporary Food Est.	<input type="checkbox"/> Flavored Ice Est.

*I agree to report to the commissary facility listed below each day; and as necessary, for cleaning and servicing. I understand that failure to use the commissary for the indicated service operations and failure to immediately report any change in the commissary arrangements to the Davis County Environmental Health Division may result in the suspension of the food establishment's permit to operate.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Commissary Information

Commissary Name:	Phone Number:
Commissary Address:	City/State/Zip:
Commissary Owner:	Owner Phone Number:

## Applicable Services

<input type="checkbox"/> Sign-in/sign-out sheet	<input type="checkbox"/> Ware washing facilities
<input type="checkbox"/> Overnight parking	<input type="checkbox"/> Solid waste disposal/dumpster access
<input type="checkbox"/> Food preparation facilities	<input type="checkbox"/> Supply of culinary ice
<input type="checkbox"/> Storage of food & supplies	<input type="checkbox"/> Refrigeration/freezer storage
<input type="checkbox"/> Supply of potable water	<input type="checkbox"/> Facilities for cleaning mobile food establishment
<input type="checkbox"/> Disposal of waste water	<input type="checkbox"/> Supply food products

*I agree to provide the indicated services to the food establishment listed above. I understand that this agreement must be updated and resubmitted annually. If my food service establishment permit to operate is suspended or revoked, I understand that I can no longer provide commissary services to any food establishment until my permit is reinstated.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Department Approval (Office Use Only)

*This facility must meet the following criteria to be approved for use as a commissary:*

- Located in Davis County
- Facility is permitted as a Food Service Establishment
- Capacity to provide the indicated services

EHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_