

Food Commissary Agreement Form

This form is to be completed and submitted when applying for a **Mobile / Temporary Food Permit or if it applies to a Retail Food Establishment**. This agreement means that the operator of the mobile food unit will have access to the commissary and its facilities at any time. Retail Establishments and/or Bed and Breakfast Establishments, temporary and mobile unit must comply with Fountain County Ordinance No. 2018-3, Food Establishment and/or Bed and Breakfast Establishment Ordinance or the Warren County, Indiana, Ordinance No. 2018-001. Individuals are responsible for obtaining and maintaining knowledge of current rules and codes. This form will need to be completed yearly in conjunction food permit renewals.

Name of Business applying for food permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Business applying for food permit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of Business applying for permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following information is to be completed by the owner of the approved facility / commissary where these food facility operations will take place for the business applying for the food permit.**

Name of approved Food Facility / Commissary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and number of Health Department that approved commissary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations to take place:

**Yes \_\_\_\_ NO \_\_\_\_** Food Preparation? **Yes \_\_\_\_ NO \_\_\_\_ Cooking** facilities available for use?

**Yes \_\_\_\_ NO \_\_\_\_** Overnight food storage including refrigeration & freezer space?

**Yes \_\_\_\_ NO \_\_\_\_** Vehicle / Cart Storage? **Yes \_\_\_\_ NO \_\_\_\_** Washing of utensils / equipment?

**Yes \_\_\_\_ NO \_\_\_\_** Waste Water Disposal? **Yes \_\_\_\_ NO \_\_\_\_** Trash and Grease dumpster access?

**As the owner of the above food facility / commissary, I have given permission for the business known as**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use my facility for the operations indicated and know that I am ultimately responsible for the maintenance and sanitation of this food facility.**

Name of owner of Approved Facility / Commissary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Approved Facility / Commissary Owner / Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_