



1038 W. Ivy Ave · Moses Lake, WA 98837
(509) 766-7960

GRANT COUNTY HEALTH DISTRICT

FOOD ESTABLISHMENT COMMISSARY FORM (Attachment E of Plan Review packet)

An approved commissary is required for all mobile food units and catering businesses.

Please choose one of the following options:

- I. **Currently Licensed Facility**-a food establishment currently licensed by GCHD or other appropriate health jurisdiction. No fee.
- II. **Food Preparation Commissary*** -may be used for storage, preparation, cooking and cooling of food, dish and utensil washing, storage of dry goods and non-perishable foods.
- III. **Storage Only Commissary*** -to be used only for refrigerated/frozen food storage, dry good and non-perishable food storage.

*If the proposed commissary is not currently licensed, complete a “Food Establishment Application”, in addition to this form, to apply for a commissary license. A plan review may also be required.

Please provide the following information:

Name of food establishment to use commissary _____

Name of commissary _____

Address of commissary _____

Legal owners of commissary* _____

*If you are not the owner of this facility, please include a signed commissary agreement letter from the legal owner.

Phone number at commissary and of owner _____

Days of the week and hours at commissary _____

List all equipment used at commissary (i.e. hand sink, freezer):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List tasks done at commissary (i.e. cut meat, wash dishes, etc):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Is a restroom provided for employees at the commissary? YES NO

If so, does it have a hand sink with hot and cold running water, soap and paper towels? YES NO

By signing, I attest to the accuracy of this information and I agree to notify GCHD immediately if any of the above information changes

Signature

Title

Date