

Commissary Agreement Letter

To: Grant County Health District
Environmental Health, Food Program
1038 W. Ivy Ave · Moses Lake, WA 98837

Commissary Letter For: _____
(Name of Mobile Unit, Temporary Food or Catering Service)

I, _____ have an agreement with _____
(Legal owner of commissary) (Food service operator)

giving him/her and his/her employees the right to use the restroom and other facilities listed below at my kitchen/property at: _____
(Name and address of commissary)

List all facilities commissary users will have access to including kitchen equipment, sinks, storage areas, etc:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the commissary I am providing will be used for: *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Cooking and/or cooling foods | <input type="checkbox"/> Storage of dry and paper goods |
| <input type="checkbox"/> Cutting and assembling foods | <input type="checkbox"/> Filling and/or emptying water tanks |
| <input type="checkbox"/> Soaking and/or rinsing foods | <input type="checkbox"/> Storage of mobile unit vehicle overnight |
| <input type="checkbox"/> Dish, utensil and other equipment washing
(warewashing) | <input type="checkbox"/> Cleaning of mobile unit vehicle |
| <input type="checkbox"/> Storage of food in refrigeration/freezers | |

The hours I allow the commissary to be used are: _____
(include hours of the day, days of the week and months of the year)

Choose one:

- These hours are during my normal operating hours.
 These hours are outside my normal operating hours therefore I will be providing after hours access.

I understand that the GRANT COUNTY HEALTH DISTRICT has the right to inspect the commissary at any time during operation.

This agreement begins _____. I will inform the Health District in writing immediately should this agreement be terminated.
(date)

Signed: _____ Date: _____ Title: _____

(This is a legally binding document)