Commissary Authorization

Annual Renewal Required YEAR: _____

This serves to notify the Rappahannock Health District that:

I, the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

Name of Commissary			
Address of Commissary			
Name of Owner/Operator			
Days/Hours of Operation			
Day Phone		E-mail Address	
Commissary Water Supply	☐ Public ☐ Private	Commissary Sewage Disposal	☐ Public ☐ Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by my Virginia Department of Health or VDACS regulated food facility serving as commissary:

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked.	5. A food preparation area for mobile food establishment that conducts food preparation**.** Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day.
2. Potable water for filling water tanks.	6. Sanitary disposal or waste water and grease.
3. A three compartment sink for sanitizing utensils.	7. Disposal of garbage and refuse.
4. Hot and cold water under pressure for cleaning.	8. Storage of vehicle/cart.

_____ _____ _____

Signature of Commissary Operator Print Name Date

I, the owner or operator of the mobile food establishment noted above agrees to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Virginia Department of Health food-service permit may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Local Health Department.

_____ _____ _____

Signature of Mobile Food Establishment Owner/Operator Print Name Date