**COMMISSARY LETTER**

MAILING ADDRESS:
Richmond City Health Department
400 E. Cary St.
Suite 322
Richmond, VA 23219
Phone: 804-205-3912
Fax: 804-371-2208

This letter is to certify that:_____ is authorized to use my facility as their commissary kitchen.

Name of Commissary:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone: _____

_____
Commissary Owner (Printed) – Date

_____
Commissary Owner (Signature) – Date

Vendor:
I hereby certify that I will use no unlicensed facility in my business activities. I understand and agree that if for any reason, the health permit of my commissary is revoked or suspended, that my permit to operate will also be revoked or suspended.

_____
Signature of Vendor - Owner Date