

**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