



Portsmouth Health Department
Office of Environmental Health
 1701 High St, Portsmouth VA 23701
 TEL. (757) 393-8585, Ext 8585 / FAX (757) 393-8027

Annual Commissary Agreement

*Valid until expiration of permit

To be completed by APPLICANT – Please print or type.

Facility Type: Catering Operation Mobile Food Truck Mobile Food Trailer Pushcart Other: _____

Business Name _____

Owner/Operator Name _____

Business Mailing Address _____ Suite _____

City _____ State _____ Zip _____ Phone _____ Email Address _____

*I, the above-mentioned owner/operator, hereby state that the above information is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the Commonwealth of Virginia Board of Health Governing Restaurants, Part 31. **NOTE: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.***

Signature _____ Date _____

To be completed by COMMISSARY OWNER/OPERATOR – Please print or type

Commissary Name _____

Address _____ Suite _____

City _____ State _____ Zip _____ Bus. Phone _____

Owner/Operator Name _____

Permitting Agency for Commissary Kitchen: Dept of Health Dept of Agriculture

Check all services provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Ware washing facility | <input type="checkbox"/> Equipment/utensil storage |
| <input type="checkbox"/> Potable (drinking) water supply | <input type="checkbox"/> Toilet/handwashing facilities | <input type="checkbox"/> Wastewater disposal |
| <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Grease Disposal |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Refrigeration/frozen food storage | <input type="checkbox"/> Garbage disposal |

Days/Hours of access to commissary: _____

I, the approved facility/commissary owner/operator, hereby state that the above information is current, true, and correct to the best of my knowledge and in accordance with the Commonwealth of Virginia Board of Health Governing Restaurants, Part 31. I also understand that this agreement is for a one-year period, however, I hold the right to cancel the agreement at any time upon notification to the applicant and to the Health Department.

Signature _____ Date _____

<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED DATE: _____	Office Use Only PERMIT EXP: _____	SIGNATURE: _____
---	---	------------------