



Annual Renewal Required

YEAR: _____

Commissary/Service Area Authorization Agreement

Commissary Information (*What will you be doing at the commissary or service area? Please check all that apply*)

- Approved Potable Water Source
- Waste Water Disposal
- Food Prep Area
- Equipment and Utensil Storage Area
- Cleaning Area for Mobile Food Unit
- Hot and Cold Water Pressure for Cleaning
- 3 Compartment Sink for Ware Washing
- Food Storage Area
- Disposal of Garbage and Refuse
- Parking/Storage of Mobile Food Unit/Cart

Commissary/Service Area Name: _____

Contact Person & Title _____

Address: _____

Days/Hours of Operation _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Commissary Water Supply:

- Public _____
- Private (Submit certified annual water test results with total nitrate/nitrite and total coliform annually)

Commissary Waste Water Disposal: Public Private

Commissary Grease Disposal: Yes _____ No

Do other vendors use this commissary: Yes No If so, how many? _____

I, the owner/operator of the food facility/service facility noted above, 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.

Signature of Commissary Operator

Print Name

Date

I, the owner of the operator of the mobile food establishment noted above agree to use this food facility/service 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 Madison County Health Department.

Signature of Mobile Food Unit Owner/Operator

Print Name

Date