



**VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF ENVIRONMENTAL HEALTH
 4452 Corporation Lane, Virginia Beach, VA 23462
 TEL. (757) 518-2700, option #3 FAX (757) 518-2642**

ANNUAL COMMISSARY AGREEMENT

To be completed by APPLICANT – Please print or type

Business Name _____

Owner/Operator Name _____

Business Mailing Address _____ Suite _____

City _____ State _____ Zip _____ Home Phone _____ Bus. Phone _____

Vehicle VIN _____ License Plate# _____

I, _____, 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 and the Virginia Beach Department of Public Health. **NOTE:** If this Commissary Agreement is modified or cancelled, 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 _____

Check all services provided:

- | | | |
|---|---|--|
| <input type="checkbox"/> Mobile Unit Storage | <input type="checkbox"/> Electrical Hookup | <input type="checkbox"/> Toilet and Handwashing Facilities |
| <input type="checkbox"/> Potable Water Supply | <input type="checkbox"/> Grease Disposal | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Food Storage | <input type="checkbox"/> Warewashing Facilities (3 compartment sink) |
| <input type="checkbox"/> Days/Hours of Access to Commissary (_____) | <input type="checkbox"/> Wastewater Disposal in Sanitary Sewer (ex: mop sink) | |

Additional Conditions placed on Agreement:

I, _____, 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 and the Virginia Beach Department of Public Health. 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 _____