Virginia Beach Department of Public Health
Office of Environmental Health
4452 Corporation Lane
Virginia Beach, VA 23462
(757) 518-2700 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 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 _____

Check all services provided:

_ Mobile Unit Storage
_ Electrical Hookup
_ Toilet and Handwashing Facilities
_ Potable Water Supply
_ Grease Disposal
_ Garbage Disposal
_ Food Preparation
_ Food Storage
_ Ware washing Facilities (3-compartment sink)
_ Days/Hours of Access to Commissary (_____)
_ 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 _____