


Commissary Agreement

Annual Renewal Required Year ____

	BRHD Local Environmental Health Offices	Phone	FAX
	Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903	434-972-6219	434-972-4310
Fluvanna County, Route 15, County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963	434-591-1965	434-591-1966	
Greene County, 50 Stanard Street, PO Box 38, Stanardsville, VA 22973	434-985-2262	434-985-4822	
Louisa County, 101 Woolfolk Avenue, Suite 203 Louisa, VA 23093	540-967-3707	540-987-3733	
Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922	434-263-4297	434-263-4304	

This letter serves to notify the Blue Ridge Health District that the mobile food vendor known as: _____ has the expressed permission of

(Permitted Facility Name) _____ at

(Address) _____ to use as their base of

operations/commissary. In accordance with the [Virginia Food Regulations](#) this operator has my permission to:

1. Operate daily from my facility to clean and service their mobile unit.
2. Flush and drain liquid waste to an approved sewerage system in accordance with the Board of Health Food Regulations.
3. Dispose of garbage and refuse.
4. Store food and supplies as needed for their operation. Storage areas for the mobile food unit will be physically separated from the commissary's supplies and clearly marked for the use of mobile unit operator.

The Commissary agrees to provide:

1. Adequate space for food preparation separated from the commissary operations and other vendors (Unless food prep will be completed at alternate times of day).
2. An approved potable water service used and handled in a way that protects the water supply from contamination.
3. A three-compartment sink for sanitizing utensils.
4. Hot and cold running water under pressure for sanitizing.
5. Adequate space for storage of utensils and other supplies.

The Permitted Commissary Facility Uses:	<input type="checkbox"/> Private Well Water	<input type="checkbox"/> Public Water
	<input type="checkbox"/> Septic	<input type="checkbox"/> Public Sewage

I understand that my facility may be subject to periodic inspections by the Blue Ridge Health District.

Signature - Permitted Food Establishment	Printed Name Permitted Food Establishment.	Date:
Phone	Email:	

Signature - Mobile Food Vendor	Printed Name of Mobile Food Vendor	Date: