



**COMMONWEALTH of VIRGINIA**  
DEPARTMENT OF HEALTH  
Environmental Health

CENTRAL VIRGINIA HEALTH DISTRICT  
307 ALLEGHANY AVENUE  
LYNCHBURG, VIRGINIA 24501

Email: LynchburgEH@vdh.virginia.gov

PHONE (434) 477-5921

SERVING THE COUNTIES OF

AMHERST (434) 946-9408	AmherstEH@vdh.virginia.gov
APPOMATTOX (434) 352-2313	AppomattoxEH@vdh.virginia.gov
BEDFORD (540) 586-7952	BedfordEH@vdh.virginia.gov
CAMPBELL (434)592-9550	CampbellEH@vdh.virginia.gov

**Commissary Commitment Form**

This serves to notify the Central Virginia Health District that:

I, the owner/operator of the food facility noted below, 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 access on the days and times agreed to below. I understand that by signing this form, my facility will be inspected periodically by the local health department to ensure the requirements are met.

Name of Commissary	
Physical Address of Commissary	
Name of Owner/Operator	
Days/Hours of Operation	
Daytime Phone Number	
E-mail Address	
Commissary Water Supply	___ Private ___ Public (Municipality_____)
Commissary Sewage Disposal	___ Private ___ Public (Municipality_____)
Name of Mobile Food Establishment	
Name of Mobile Food Establishment Owner/Operator	

**I will allow the mobile food establishment entry for servicing during the following time periods:**

	Please Circle		Please write hours of servicing allowed for each day.
Monday	Yes    No		_____
Tuesday	Yes    No		_____
Wednesday	Yes    No		_____
Thursday	Yes    No		_____
Friday	Yes    No		_____
Saturday	Yes    No		_____
Sunday	Yes    No		_____



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The following services will be provided for the Mobile Food Establishment by my VDH or VDACS regulated food facility which will serve as its commissary:

*Please Circle*

1. Adequate space for storage for dry foods, utensils, and other supplies. Storage area shall be separated from the food facility's dry foods, utensils, and other items. Storage area for the mobile establishment will be clearly marked.	Yes	No
2. Adequate space for separate storage of refrigerated foods at less than or equal to 41°F. Storage area for the mobile establishment will be clearly marked.	Yes	No
3. Adequate space for separate storage of frozen foods in frozen state. Storage area for the mobile establishment will be clearly marked.	Yes	No
4. Potable water for filling water tanks.	Yes	No
5. A three compartment sink for washing, rinsing, and sanitizing utensils and space to air dry afterwards.	Yes	No
6. A mechanical warewashing machine/dishwasher for washing, rinsing, and sanitizing utensils and space to air dry afterwards.	Yes	No
7. Hot and cold water under pressure for cleaning.	Yes	No
8. A food and/or beverage preparation area for mobile food establishment. This preparation area shall be separated from that of the food facility, or mobile food establishment preparation will be completed at alternate time of day from food facility preparation.	Yes	No
9. Sanitary disposal of waste water and grease.	Yes	No
10. Disposal of garbage and refuse.	Yes	No
11. Storage of vehicle/cart.	Yes	No

\_\_\_\_\_  
Signature of Commissary Operator      Print Name      Date

Name of Commissary \_\_\_\_\_

I, the owner or operator of the mobile food establishment, agree to use this food facility as a commissary for servicing as needed and required by regulation. I will use the commissary for the services noted above. If I do not use the commissary as required by regulation, I understand that this may put my Virginia Department of Health food service permit at risk. I understand that if the above food facility no longer allows me to use them as a commissary, I must stop operating until I obtain another commissary and provide a new signed Commissary Authorization document to the Central Virginia Health District.

\_\_\_\_\_  
Signature of Mobile Food Establishment Owner/Operator      Print Name      Date

Name of Mobile Food Establishment \_\_\_\_\_

The Regulatory Authority for the proposed commissary approves of this agreement.

\_\_\_\_\_  
Signature of Mobile Food      Print Name      Date