**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.

<table>
<thead>
<tr>
<th>Name of Commissary</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Physical Address of Commissary</td>
<td></td>
</tr>
<tr>
<td>Name of Owner/Operator</td>
<td></td>
</tr>
<tr>
<td>Days/Hours of Operation</td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>time</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Commissary Water Supply</td>
<td><em>Private   <em><strong>Public (Municipality</strong></em></em>_________________________)</td>
</tr>
<tr>
<td>Commissary Sewage Disposal</td>
<td><em>Private   <em><strong>Public (Municipality</strong></em></em>_________________________)</td>
</tr>
<tr>
<td>Name of Mobile Food Establishment</td>
<td></td>
</tr>
<tr>
<td>Name of Mobile Food Establishment Owner/Operator</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<tr>
<td>Sunday</td>
<td></td>
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</tbody>
</table>

Please write hours of servicing allowed for each day.

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1 of 2
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

   - 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.