



SHARED FOOD FACILITY/COMMISSARY AGREEMENT

I. To be completed by APPLICANT — *Please print or type.*

Business Name _____ Bus. Phone _____ Bus. Fax _____

Business Address _____ City/State _____ Zip _____

Owner Name _____ Home Phone _____ E-mail Address _____

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 California Health & Safety Code. (**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 of Business Owner _____ Date _____

II. To be completed by COMMISSARY OWNER/OPERATOR — *Please print or type.*

Commissary Name _____ Bus. Phone _____ Bus. Fax _____

Commissary Address _____ City/State _____ Zip _____

Commissary Owner Name _____ Home Phone _____ E-mail Address _____

I understand and agree to provide for the following requirements: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> sanitary wastewater disposal | <input type="checkbox"/> adequate storage for food/equipment |
| <input type="checkbox"/> potable water | <input type="checkbox"/> utensil washing |
| <input type="checkbox"/> proper disposal of refuse & garbage | <input type="checkbox"/> electrical hookups |
| <input type="checkbox"/> hot & cold water for vehicle cleaning | <input type="checkbox"/> toilet & hand washing facilities |
| <input type="checkbox"/> food preparation area | <input type="checkbox"/> overnight vehicle storage |
| <input type="checkbox"/> vehicle/cart storage (circle one) vehicle make/year _____ license plate # _____ | |

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager _____ Print Name _____ Date _____

III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located outside of Marin County — *Please print or type.*

The food establishment is located in _____ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS _____ Print Name _____ Bus. Phone _____ Date _____