



MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION



COMMISSARY AGREEMENT

Please complete all applicable fields. Incomplete information will delay approval.

This Agreement expires on the last day of the operator's current license and must be renewed annually.

Commissary will be used in conjunction with a:

☐ Stationary Food Service Establishment (e.g. booth) ☐ Mobile Food Unit (vehicle information must be completed)

OPERATOR INFORMATION			
Business Name		DBA/AKA (Name on Booth/Truck)	
Name of Owner/Operator	Phone No.	Alternate Phone No.	
Mailing Address (number, street, box or route)		E-mail address	
City	State	Zip	

VEHICLE INFORMATION (if applicable)		
License Plate #	State Decal #	Vehicle VIN #
Year	Make/Model	Color

*This vehicle shall operate out of the commissary indicate below and report to the commissary at least once each operating day for required services.

COMMISSARY INFORMATION		
Business Name		Permit #
Name of Owner/Operator		Phone No.
Site Address		
City	State	Zip

COMMISSARY SERVICES			
The following services will be used by the operator and are available at the commissary listed above:			
<input type="checkbox"/> Dry Food Storage	<input type="checkbox"/> Refrigerated Food Storage	<input type="checkbox"/> Frozen Food Storage	<input type="checkbox"/> Ice
<input type="checkbox"/> Food Preparation Area	<input type="checkbox"/> Warewashing Sink	<input type="checkbox"/> Potable Water	<input type="checkbox"/> Liquid/Solid Waste Disposal
<input type="checkbox"/> Toilet & Handwashing Sink	<input type="checkbox"/> Vehicle Wash Facility	<input type="checkbox"/> Electrical Hook-up	<input type="checkbox"/> Overnight Parking

We, the undersigned, agree as follows:

As the owner or designated agent of the above listed **Operator**, I acknowledge and attest that the commissary services indicated above will be used as required by and as a condition of the operating license with this Department. If the use of this commissary is discontinued, the permit holder must notify this office.

Signature of Operator, owner or agent Printed Name Date

As the owner or designated agent of the above listed **Commissary**, I acknowledge and attest that the commissary services indicated above are available for use by the aforementioned operator.

Signature of Commissary, owner or agent Printed Name Date

MCDPH Office Use Only	
<input type="checkbox"/> Commissary is a permitted establishment in good standing in Mohave County	
<input type="checkbox"/> Commissary is a permitted establishment in good standing in _____ County, permit # _____	
Signature of Environmental Health Specialist/Sanitarian	Date