



# Wilkes County Health Department & Wilkes Community Health Center

Promoting health and preventing disease in our community

## COMMISSARY AGREEMENT FOR FOOD SERVICE OPERATORS

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units and pushcarts. This Commissary Agreement is part of the plan review approval process and Health Department approval is required for all shared-use kitchen permits.

### Completed by the Food Service Operator:

Select: Mobile Food Unit      Pushcart      Commissary Change Request

Name of Food Service: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Operator Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Completed by the Permittee or Owner of the Commissary:

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary privileges.

Management understands and agrees to provide the following for each approval:

- Separate designated and labeled refrigeration, freezer and dry storage space.
- A designated protected area for food and utensil storage.
- Use of the utensil sink to wash utensils
- An accessible wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- A mechanism to track commissary usage, sign-in, digital tracking, etc.
- Commissary access as needed for the operator to maintain rule compliance.

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

Commissary Address: \_\_\_\_\_

Commissary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*\*\*This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Division of the Wilkes County Public Health Department in writing. I agree to notify both parties in writing should this approval be rescinded*

Name of Commissary Manager:

Signature of Commissary Manager: \_\_\_\_\_ Date: \_\_\_\_\_