



MONROE COUNTY HEALTH DEPARTMENT COMMISSARY KITCHEN AGREEMENT

Mobile/Facility Owner:

Mobile/Facility Name: _____ Hours of Operation: _____

Mobile/Facility Owner Name: *(please print)* _____

Mobile Owner Address: _____

Mobile/Facility Owner Signature: _____ Date: _____

I own both the mobile unit and the commissary.

Commissary Kitchen:

Commissary Kitchen Name: _____

Commissary Kitchen Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Hours of Operation: _____

Commissary Kitchen Owner Name: *(please print)* _____

Commissary Kitchen Responsible Party Signature: _____ Date: _____

Other mobile unit/food cart vendors also use this kitchen as a commissary. Number of vendors: _____

The following is available for use by the mobile unit operator:

Equipment/Service: (**Minimum Requirement*)

	Yes	No	
*Potable water	<input type="checkbox"/>	<input type="checkbox"/>	
*Wastewater disposal	<input type="checkbox"/>	<input type="checkbox"/>	
*Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	
*Restroom access	<input type="checkbox"/>	<input type="checkbox"/>	
*3-compartment sink with drainboard space at each end	<input type="checkbox"/>	<input type="checkbox"/>	
*Mop sink	<input type="checkbox"/>	<input type="checkbox"/>	
*Hand sink	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration space	<input type="checkbox"/>	<input type="checkbox"/>	Number of cubic feet provided _____
Dry storage space	<input type="checkbox"/>	<input type="checkbox"/>	Number of cubic feet provided _____
Freezer space	<input type="checkbox"/>	<input type="checkbox"/>	Number of cubic feet provided _____
Ice machine access	<input type="checkbox"/>	<input type="checkbox"/>	
Overnight storage of mobile unit	<input type="checkbox"/>	<input type="checkbox"/>	
Food prep sink with drainboard	<input type="checkbox"/>	<input type="checkbox"/>	
Access to the food establishment requires a key	<input type="checkbox"/>	<input type="checkbox"/>	

The commissary kitchen owner agrees to provide the mobile unit operator use of the Retail Food Establishment as listed above. Changing or canceling this agreement will result in closure of the Mobile/Facility. This agreement is not transferable.