



COMMISSARY AGREEMENT FORM

Mobile / Temporary Food Permit · Retail Food Establishment

This form must be completed and submitted when applying for a Mobile or Temporary Food Permit, or if applicable to a Retail Food Establishment. The operator of the mobile food unit will have access to the commissary and its facilities at any time. All establishments must comply with applicable Indiana State Food Code regulations and Brown County Health Department requirements. **This form must be completed yearly in conjunction with food permit renewals.**

SECTION 1 | BUSINESS APPLYING FOR FOOD PERMIT

Name: _____ Phone: _____

Address: _____

SECTION 2 | APPROVED COMMISSARY / FOOD FACILITY INFORMATION

To be completed by the owner of the approved commissary where food operations will take place.

Name of Commissary: _____ Commissary Phone: _____

Commissary Address: _____

Health Department that Approved the Commissary: _____ Health Department Phone: _____

SECTION 3 | OPERATIONS TO TAKE PLACE AT COMMISSARY

- | | |
|---|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Food Preparation | Yes <input type="checkbox"/> No <input type="checkbox"/> Cooking Facilities Available for Use |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Overnight Food Storage (refrigeration & freezer) | Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle / Cart Storage |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Washing of Utensils / Equipment | Yes <input type="checkbox"/> No <input type="checkbox"/> Wastewater Disposal |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Trash and Grease Dumpster Access | Yes <input type="checkbox"/> No <input type="checkbox"/> Other (describe below) |

If 'Other', please describe:

SECTION 4 | COMMISSARY OWNER AUTHORIZATION & SIGNATURE

As the owner of the above food facility / commissary, I have given permission for the business known as:

_____ to use my facility for the operations indicated above. I understand that I am ultimately responsible for the maintenance and sanitation of this food facility per Indiana State Code and Brown County Health Department regulations.

Name Owner / Manager (Print): _____ Date: _____

Signature of Owner / Manager: _____

FOR OFFICE USE ONLY

Received by: _____ Date Received: _____