



COMMISSARY AGREEMENT

Name of Mobile or pushcart unit: _____

Name of Unit Operator: _____

Name of Unit Owner: _____

Street Address of Owner: _____

City/State/Zip: _____ / _____ / _____

Unit Contact Phone Number: _____

Title 410 IAC 7-24-113 of the Indiana State Department of Health Retail Food Establishment Sanitation Requirement states that “A Mobile retail food establishment must be physically transported to a commissary or servicing area, or both, at least once daily for all; supplies, cleaning, and servicing operations.” In order to meet these requirements, a mobile unit operator must secure an agreement with a licensed commercial kitchen space inspected by a regulatory authority.

This form is to verify to the Daviess County Health Department that an agreement exists between the mobile unit operator and the provider and that the provider’s facility is in compliance with the applicable requirements of the regulations.

I hereby certify that an agreement exists between:

(Name of Mobile Unit) _____ and

(Name of Commissary) _____

to use my facility during the stated time period of _____

and that my facility is in compliance with the regulations of 410 IAC 7-24 and will remain in compliance for the indicated time period.

Please indicate what services are being allowed by your facility:
(Example: warewashing, storage, food prep, wastewater disposal)

Commissary Address: _____

Commissary Owner Name (Printed): _____

Commissary Owner Signature: _____

Commissary Owner Phone Number: _____

Date Signed: _____