



## KOSCIUSKO COUNTY HEALTH DEPARTMENT

◦ 100 WEST CENTER STREET ◦ WARSAW ◦ INDIANA ◦ 46580 ◦

◦ TELEPHONE: 574-372-2349 ◦ FAX: 574-269-2023

### COMMISSARY/COMMERCIAL KITCHEN AGREEMENT

This agreement allows the vendor access to the commissary and its facilities at any time. This commissary agreement is valid for the current **calendar year only**. KCHD may contact commissary to verify vendor usage and contract agreement.

Date \_\_\_\_\_

This form is to be filled out and signed by the owner/manager of the commissary.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Owner/Manager) (Licensed Food Establishment)

Located at \_\_\_\_\_  
(Address of Establishment) (County) (State)

I do hereby give permission to \_\_\_\_\_  
(Vendor)

#### To use my kitchen facilities to perform the following (check all that apply):

<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Food Storage (cooler/freezer)	<input type="checkbox"/> Dry food storage
<input type="checkbox"/> Ice production	<input type="checkbox"/> Equipment storage	<input type="checkbox"/> Ware-washing equipment & utensils
<input type="checkbox"/> Vehicle/cart storage	<input type="checkbox"/> Filling of water tanks	<input type="checkbox"/> Dumping waste water
<input type="checkbox"/> Chemical/supply	<input type="checkbox"/> Trash disposal	<input type="checkbox"/> Used cooking oil disposal
<input type="checkbox"/> Other services _____		

Signature \_\_\_\_\_ Phone# \_\_\_\_\_  
(Commissary/Commercial Kitchen Owner/Manager)

Signature \_\_\_\_\_ Phone# \_\_\_\_\_  
(Vendor)

Note to Vendors: Failure to report to the commissary at least once daily during days of operation may result in civil penalty & license Suspension. 410 IAC 7-26



**Public Health**  
Prevent. Promote. Protect.