



KOSCIUSKO COUNTY HEALTH DEPARTMENT

o 100 WEST CENTER STREET o WARSAW o INDIANA o 46580 o
o TELEPHONE: 574-372-2349 o 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):

- Food Preparation
- Food Storage (cooler/freezer)
- Dry food storage
- Ice production
- Equipment storage
- Ware-washing equipment & utensils
- Vehicle/cart storage
- Filling of water tanks
- Dumping waste water
- Chemical/supply
- Trash disposal
- Used cooking oil disposal
- 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 a civil penalty & license suspension. 410 IAC 7-24-10, 410 IAC 7-24-16, 410 IAC 7-24-79, 410 IAC 7-24-113.

