

Sandra Deausy, M.D.  
Health Officer  
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Administrator



## COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

The Commissary/Commercial Kitchen Agreement allows the named vendor access to the commissary and its facilities during days of operation. LPCHD may contact commissary to verify vendor usage and agreement. **This commissary agreement is valid for the current calendar year only.**

Name of commissary: _____		
Address: _____		
_____	_____	_____
Street	City/State	Zip Code
Commissary Authorized Individual: _____		Commissary Food License # _____
_____		_____
Name		Title/Position

### STATEMENT OF COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

*This agreement is to be completed and signed only by the duly authorized owner, manager, or representative of the licensed franchise/corporation.*

I, \_\_\_\_\_ do hereby grant permission for  
Name Title/Position

\_\_\_\_\_ to use  
Mobile Food Operator/Shared Kitchen User

\_\_\_\_\_ facilities at any time to perform the following:  
Commissary/Commercial Kitchen/Shared Kitchen

(check all that apply):

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

\_\_\_\_\_  
Signature of Mobile Food Operator/Shared Kitchen User

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Authorized Individual of Commissary/Commercial Kitchen/Shared Kitchen

\_\_\_\_\_  
Date Signed

**FAILURE TO REPORT TO THE COMMISSARY AT LEAST ONCE EACH DAY OF OPERATION, MAY RESULT IN A CIVIL PENALTIES&LICENSE SUSPENSION. 410IAC 7-24-10,410 IAC 7-24-16,410 IAC 7-24-79, 410 IAC 7-24-113.**

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