



Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

Commissary Agreement Form

Foods distributed to the public must be prepared and stored in an approved facility. In addition, the vehicles or carts used in the distribution of those foods must be serviced at an approved facility each day they operate. This agreement means that the operator of the mobile food unit will have access to the commissary and its facilities as necessary for operations.

This form is to be completed by the owner of the approved commissary where the Commissary operations will take place for the business applying for a Mobile or Caterer Food Establishment Permit.

Name of Business applying for Retail Food Establishment Permit: _____

Name of Approved Commissary: _____

Owner/Manager of Approved Commissary: _____

Commissary Address: _____

Commissary Phone: _____ Email: _____

County where Commissary Resides: _____

*****Include copy of Commissary's Retail Food Permit if not in Morgan County, Indiana.**

Food preparation to include cooking? Yes ___ No ___

Food/Utensil storage including refrigeration & freezer space? Yes ___ No ___

Vehicle/Cart storage? Yes ___ No ___

Washing of utensils/equipment? Yes ___ No ___

Restrooms available during all hours of Commissary operation? Yes ___ No ___

Water Source: Public ___ Private ___ (If private, include yearly water test results)

Wastewater Disposal: Yes ___ No ___ Wastewater Disposition: Public ___ Private ___

Other operations to take place in Commissary: _____

As the owner of the above approved Commissary, I have given my permission for the business known as _____ to use my facility for the operations indicated above and know that I am ultimately responsible for the maintenance and sanitation of this Commissary.

Signature of Approved Commissary Owner/Manager: _____

Applicant Signature: _____ Date: _____