

**WAYNE COUNTY HEALTH DEPARTMENT**  
**100 S 5<sup>th</sup> Street**  
**RICHMOND, INDIANA 47374**  
**(765) 973-9245**

This form may be used for mobile unit operators, caterers and temporary food vendors, or when a prospective food establishment will use a permitted facility as its base of operation. Please provide the following information, including signatures, and submit with your retail food permit to Wayne County Health Department. This commissary agreement is valid for the current calendar year only.

**Commissaries located outside of Wayne County require a copy of the establishments out of county/state permit attached to this form.**

Date \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Owner/Operator) (Licensed Establishment Name)

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

Do hereby give my permission to \_\_\_\_\_  
(Mobile Unit / Pushcart / Caterer / Temporary Food Vendor)

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

- ☐ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, reheating.
- ☐ Dry Storage of foods, ☐ single-service items, ☐ cleaning agents, ☐ other equipment, ☐ vehicle/cart
- ☐ Cold Storage of food
- ☐ Servicing and cleaning of equipment
- ☐ Ware washing
- ☐ Filling water tanks
- ☐ Dumping wastewater
- ☐ Other: \_\_\_\_\_

Commissary Water Supply? ☐ Municipal ☐ Well

Commissary Sanitary Sewer Service? ☐ Municipal ☐ Septic (on site wastewater system)

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number