



NOBLE COUNTY HEALTH DEPARTMENT

2090 N. State Road 9, Suite C
Albion, Indiana 46701

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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. Noble County Health Department (NCHD) 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)

Do hereby give my permission to _____ of C _____
(food vendor)

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Equipment Storage | <input type="checkbox"/> Dumping waste water |
| <input type="checkbox"/> Food Storage
(cooler/freezer) | <input type="checkbox"/> Ware-washing
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 Commissary/Commercial Kitchen Owner/Manager: _____

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 7-24-113.

Signature of Vendor: _____

Name of Business: _____