

**2020 COMMISSARY AGREEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Commissary Operator) (Commissary)  
located at \_\_\_\_\_  
(Address of Commissary)

do hereby give my permission to \_\_\_\_\_  
(Operator of Mobile Unit/Temporary Vendor)

to use my kitchen facilities daily during periods of operation to perform the following:

- |  |   |
|--|---|
| _____ Ware washing   | _____ Service and cleaning of the equipment   |
| _____ Filling water tanks  | _____ Dumping waste water   |
| _____ Storage of foods, single service items, and cleaning agents. | _____ Preparation of foods such as vegetables, fruits, cutting meats, cooking, cooling, or reheating. |

**PLEASE INITIAL THE FOLLOWING STATEMENT (Mobile Unit Operator/Temporary Vendor):**

\_\_\_\_\_ As the operator of the mobile unit or temporary vendor, I agree to report to the  
(Initials) commissary once every 24 hours.

**PLEASE INITIAL THE FOLLOWING STATEMENT (Commissary Operator):**

\_\_\_\_\_ As the operator of the commissary, I agree to maintain a commissary use log detailing  
(Initials) the dates and times the mobile unit or temporary vendor utilized my facility to perform the tasks listed above.

Commissary Operator, please describe how and where commissary use log will be maintained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commissary Operator \_\_\_\_\_ Date \_\_\_\_\_

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

MOBILE UNIT OWNER INFORMATION	
Name	_____
Corporation Name	_____
Contact phone	_____
Email	_____
Social Media	_____

MONTHS OF OPERATION (circle all that apply)												
Year Round	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
HOURS OF OPERATION												
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday						
to	to	to	to	to	to	to						

Do you know the location where you are setting up? Yes No  
If yes, where? \_\_\_\_\_

Mobile Unit Operator or Temporary Vendor \_\_\_\_\_ Date \_\_\_\_\_

**This Commissary Agreement is valid for the current calendar year only**