



COMMISSARY AGREEMENT

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks, disposal of wastewater, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary facility meets all criteria for a commissary. Failure to abide by this agreement may result in legal action being taken to revoke your permit to operate this mobile unit.

DOING BUSINESS AS (Name of business): _____

OWNER (Of mobile food unit): _____

SIGNATURE: _____ DATE: _____

I agree to provide commissary services for the above mobile unit or pushcart. My commissary facility meets all commissary requirements.

BUSINESS NAME (Of commissary): _____

OWNER OR MANAGER NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____

NAME OF HEALTH DEPARTMENT ISSUING PERMIT: _____

PERMIT NUMBER: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

PLATTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
212 Marshall Rd.
Platte City, MO 64079
Phone: (816) 858-2412 Fax: (816) 858-2087