



COMMISSARY AGREEMENT

Food Protection Bureau
788 E. Woodoak Lane
Murray, UT 84107

THIS FORM MUST BE KEPT AT YOUR VENDING LOCATION AT ALL TIMES

Establishment Information Permanent Vending Location Vending Route Events

Business Name _____ Operating Address _____

Business Owner (print) _____ Home Phone / Cell Phone _____

Home Address _____ City _____ Zip _____ Business Phone # _____

Commissary Information (To be completed by commissary owner or manager) Renewal *New Tenant

Commissary Name _____ Commissary Owner (print) _____

Commissary Address _____ City _____ Zip _____ Commissary Owner Phone # _____

Commissary agrees to provide the following commissary services and space for the above establishment:

Check Yes or No		Services Provided	Hours Available	check Yes or No		Services Provided
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Cooking Facilities		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial Refrigeration
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Preparation Tables		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disposal of Waste Water
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dish Washing Facilities		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Overnight Parking
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cart/Truck Cleaning Facilities	NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Storage of Food and Supplies
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supply Potable Water	NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supply Culinary Ice
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supply Food Products	NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Garbage Dumpster Access

Days of the week that commissary is available: _____

Hours that commissary is available: _____

Commissary Owner/Manager Approval _____ Date _____

I agree to report to the commissary facility listed above as required by SLCoD Health Regulation #5 for food preparation, food storage, supplies, cleaning and service operations. I understand that failure to use the commissary on each day of operation and failure to immediately report any change in commissary arrangements to the Food Protection Bureau may result in permit suspension. I understand that providing false or inaccurate information on this form may result in my permit being denied, suspended, or revoked.

Signed _____
Establishment Owner

_____ Date

Approved by EHS

Sign

Print

Date