



2024 COMMISSARY AGREEMENT

valid for this calendar year only

_____ Date

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give my permission to _____ of _____
(Owner/Operator) (Name of Mobile unit/Vendor)

to use my kitchen facilities to perform the following tasks on their operational days:

- Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- Warewashing
- Filling water tanks and dumping wastewater
- Storage of foods, single service items, and cleaning agents
- Cooking Oil Disposal
- Other (specify) _____

Days operator has access to the commissary: Mon Tues Wed Thurs Fri Sat Sun

Hours operator has access to the commissary: _____ to _____ to _____

Requirements: The Mobile Unit/Vendor is required to return to the commissary daily for servicing on operating days. Failure to report to commissary may result in revocation of license. By signing this agreement, the commissary owner/operator agrees to notify the Weld County Department of Public Health and Environment if the Mobile Unit/Vendor has not utilized the facility as required. Failure to do so may result in revocation of permission for your facility to be utilized as a commissary.

A **Commissary Use Log** shall be maintained and made available to the department upon request.

Describe how and where the commissary use log will be maintained at the commissary:

Commissary Contact phone number: _____

Commissary Email address: _____

Signature _____ Date _____
(Commissary Owner/Operator)