



COMMISSARY USAGE AGREEMENT

(Select one): Mobile Food Facility Caterer Temporary Food Facility Platform Kitchen Operation

Section 1 - To be completed by Applicant - Please print or type

Business Name: Permit #
Owner/Operator Name: Email:
Business Mailing Address:
City: State: Zip:
Home Phone: Bus. Phone:

I, hereby affirm the above information is current and accurate and I agree to utilize my commissary in accordance with California Retail Food Code requirements. If this commissary agreement is modified, expired or canceled by either myself or the commissary operator, I understand it is my responsibility to submit a new commissary agreement form to Environmental Health within 30 days to maintain a valid health permit.

Print Name & Title: Signature: Date:

Section 2 - To be completed by Commissary Owner/Operator- Please print or type

Commissary Name: Permit #:
Owner/Operator Name: Email:
Commissary Address: City: State:
Zip: Bus. Phone: Hours of Operation:

Is commissary located in Nevada County? Yes No If no, provide a copy of the current health permit from jurisdiction issuing the permit and a copy of the most recent inspection report.

I, commissary owner/operator, hereby declare the applicant stated above has permission to use my approved commissary, and will be provided following facilities and services (check all that apply):

- Space for sanitary food preparation/packaging Refrigerator/ freezer storage space
Storage of food, utensils and supplies Dry food storage
Hot/cold potable water for washing and sanitizing Warewashing facilities/ 3-comp sink
Potable water for filling mobile water tanks Restrooms and janitorial sink
Liquid waste disposal Handwashing facilities supplied with soap and paper towels
Garbage disposal in a dispenser
Grease waste bin Use of NSF approved equipment
Electrical outlets/ hook-ups Other:

I, hereby affirm the information I provided is current, accurate and to the best of my knowledge meets California Retail Food Code requirements. I understand, if the food operator stated above, leaves my commissary, or if this contract is modified or expired, I am required to notify Environmental Health immediately. Email notification to: env.health@nevadacountyca.gov

Print Name & Title:

Signature: Date:

