

COMMISSARY AGREEMENT

Retail Food Establishment DBA	Commissary DBA
Retail Food Business Owner	Commissary Owner's Name
Address	Address
City Phone	City Phone
Mr./Mrs./Ms	
7. Maintain your commissary in satisfactory condition as determined by the Local Health Department. Once the mobile or temporary food facility has been approved for licensing, you must also agree to notify the	
Adams County Health Department if the above mentioned mobile or temporary food facility has not utilized your facility, as required, for three (3) consecutive days. You must also certify under penalty of perjury that you are the legal owner and/or operator of this food facility and will abide by the contents of this letter.	
Signature	Date
Print Name	<u></u>