



Retail Food Affidavit of Commissary Kitchen

Completed by Retail Food Operator

Business Name: _____
 Owner/Operator's Name: _____
 Operator's Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Operator's Email: _____ Mobile Unit License plate: _____
 Operator's Phone #: _____ Mobile Unit VIN #: _____

As owner/representative of the above-named business, I offer this affidavit as that food will be prepared in an approved facility in accordance with the laws governing the designated business type in Adams County.

Please initial below:

_____ I will submit a new affidavit for approval before I resume selling food if I cease to use the facility listed below as my commissary.

_____ I understand that all food must be stored and prepared at the commissary below; no food may be stored or prepared in a home.

_____ I understand that failing to utilize my commissary as required may result in enforcement action.

Signature of Business Operator: _____

Date: _____

Completed by Commissary Operator

Commissary Name: _____ Operator's Name: _____
 Commissary Address: _____ Telephone #: _____
 Commissary Email Address: _____
 Commissary Agreement : Start Date: _____ End Date: _____

As owner/representative of this facility, I confirm that the operator above has permission to utilize my facility as commissary for their designated business. I read, understand, and affirm my responsibilities as a commissary operator in accordance with the laws governing commissaries in Adams County.

Please Initial the lines below:

_____ I will notify Adams County Health Department if the vendor ceases to use this facility as required.

_____ I will maintain log/records indicating both the intended schedule as well as the actual schedule in which the operator uses my facility.

_____ I understand that failing to adhere to the rules and regulations that govern retail food establishment ADCH can remove this commissary from the approved list .

I affirm that the above information is correct and true by signing below.

Signature of Commissary Operator: _____

Date: _____