



ADAMS COUNTY HEALTH DEPARTMENT

Together for a Healthier Adams County

Adams County Health Department
Environmental Health
7190 Colorado Blvd., Ste 200
Commerce City, CO 80022
303.288.6816
adamscountyhealthdepartment.org

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 ACHD 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: