**CENTRAL PREPARATION/COMMISSARY AGREEMENT**

**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

**CENTRAL PREPARTION FACILITY/COMMISSARY INFORMATION**

|  |  |
| --- | --- |
| **☐ Approved Potable Water Source**  | **☐ Food Preparation Area** |
| **☐ Waste Water Disposal**  | **☐ Food Storage Area** |
| **☐ Cleaning Area for MFU** | **☐ Utensil/Equipment Ware Washing Area** |
| **☐ Parking of MFU When Not In Operation** | **☐ Equipment and Utensil Storage Area** |
| **☐ Overnight Electricity Hook Up** | **☐ Prepackaged Foods for Retail Sale** |
| **☐ Laundry Service or Access for Washing Cloth Towels** | **☐ Other** |

**CENTRAL PREPARATION/COMMISSARY (CFP) NAME:**

**CFP CONTACT PERSON & TITLE: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: CITY/STATE ZIP:**

**PHONE NUMBER: FAX NUMBER:**

**EMAIL ADDRESS:**

**FOOD ESTABLISHMENT PERMIT ISSUED BY: \_\_\_\_\_\_PERMIT #:**

**(ATTACH COPY OF PERMIT/LICENSE OF THE CENTRAL PREP/COMMISSARY ISSUED BY REGULATORY AGENCY OUTSIDE SMITH COUNTY)**

**Do other vendors use this commissary? ☐ Yes ☐ No If so, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Central Preparation/Commissary Facility will be providing the services identified above to the Mobile Food Unit owner/operator listed below on a daily basis. I give permission to the Mobile Food Unit Operator to use my establishment located at the above address.**

**EXPLAIN When in 24 hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_** TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**

**Mobile Food Unit Information: Registration Fee For Leased Commissary Space = $50.00 payable to NET Health**

**MOBILE FOOD UNIT NAME: \_\_\_\_\_\_\_\_\_**

**OWNER NAME: PHONE NO: \_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NET Health PERMIT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTRACT PERIOD FOR USE OF THIS CENTRAL PREPARATION/COMMISSARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Due: $50.00 Payment Type: Cash / Credit / Check # \_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This agreement between the owner of the central preparation/commissary facility and the operator of the mobile food unit signifies that both parties agree to the allowed use of the commissary as specified. Note that this agreement is not transferrable. Should there be a change in ownership of either establishment or should there be any modification or cancelation of this agreement between parties, then the permit issued by the Environmental Health Department of NET Health may be suspended.**