



Skagit County Public Health

Environmental Health
Food & Living Environment
Commissary Agreement

<i>Office Use Only</i>	
User Est. ID: _____	
Owner Est. ID: _____	<input type="checkbox"/> N/A
Review Date: _____	EHS: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

- You must have a commissary agreement if you prepare, store, or clean food or equipment at another location.
- You must submit a new agreement every year or if there are any changes to your operations.
- You must have written approval from Skagit County Public Health BEFORE changing your commissary location.

Commissary User	Select the type of operation using the commissary kitchen:			
	<input type="checkbox"/> Mobile Food Unit		<input type="checkbox"/> Temporary Food Establishment with advance prep	
	<input type="checkbox"/> Catering Operation		<input type="checkbox"/> A fixed food establishment with off-site prep	
	Contact information for the person or business using the commissary:			
	Business Name			
	Contact Person		Phone	
Email				
Mailing Address				

Commissary Owner	Contact information for the person or business who owns/manages the commissary:			
	Business Name			
	Contact Person		Phone	
	Email			
	Physical Address			
	Mailing Address			

NOTE for commissary kitchens not permitted by Skagit County: Attach a copy of the kitchen’s current Health Permit and most recent Inspection Report to this application. **The kitchen must be permitted** as outlined in the document *Industry Guide – Commissary Kitchens*.

Operations	Provide the typical hours the Commissary User will have access to the commissary kitchen							
		Mon	Tues	Weds	Thurs	Fri	Sat	Sun
	Start time							
	Stop time							
	How many miles from the commissary to the typical service location?							
Comments								

Skagit County Public Health – Commissary Agreement

Commissary Activities	Select all activities that the Commissary User will do at the Commissary Kitchen. All storage areas must be designated and labeled for use only by the Commissary User .
	<input type="checkbox"/> Fill tank or containers from potable water supply. Public Water System Name/PWSID: _____
	<input type="checkbox"/> Dispose of wastewater via a mop sink, utility sink, or wastewater dump station with a sanitary sewer connection
	<input type="checkbox"/> Use a designated handwashing sink to wash hands
	<input type="checkbox"/> Use a dedicated produce prep sink to wash, soak, or otherwise prepare fruit or vegetables
	<input type="checkbox"/> Use a dedicated meat/seafood prep sink to thaw, wash, or otherwise prepare raw meats
	<input type="checkbox"/> Store food in refrigerators or freezers in designated, labeled locations
	<input type="checkbox"/> Store shelf-stable food in designated, labeled locations
	<input type="checkbox"/> Cut or otherwise prepare raw meat or seafood at a designated station
	<input type="checkbox"/> Cook, grill, fry, or bake food using approved equipment
	<input type="checkbox"/> Cool hot foods for later service in a refrigerator capable of rapidly cooling food to 41°F or below.
	<input type="checkbox"/> Clean and sanitize equipment and/or utensils in a 3-compartment sink or commercial dish machine
	<input type="checkbox"/> Store equipment and/or utensils in designated, labeled locations
	<input type="checkbox"/> Clean mobile food unit, catering trailers, and/or other transport/service vehicles
	<input type="checkbox"/> Use restrooms available on premises

Commissary Owner/Manager Signature

*By signing this agreement, I, the **Commissary Owner/Manager**, agree to permit the specified commissary user access to the specified kitchen to perform the activities specified in this agreement. I attest that access and use by the **Commissary User** will not interfere with other food preparation activities in this establishment. I agree to maintain adequate facilities to ensure the safe preparation of food and to provide designated, labeled storage space for exclusive use by the **Commissary User**.*

Signature		Date	
Print Name		Title	

Commissary User Signature

*By signing this agreement, I, the **Commissary User** agree to perform all activities listed at the specified commissary location. I understand that I must receive written approval in advance from Skagit County Public Health before I make any changes to my operations. I understand that if the specified commissary kitchen revokes my access, closes, changes ownership, or otherwise becomes unavailable I must immediately cease using the kitchen and contact Skagit County Public Health.*

Signature		Date	
Print Name		Title	