



Skagit County Public Health

Environmental Health
Food & Living Environment
Commissary Agreement

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

Complete this form in full and submit with your application for review by Skagit County Health Department. A commissary agreement is required if a food establishment prepares, stores, or cleans food or equipment at another location.

You must submit a new agreement every year or if there are any changes to your operations at the commissary. You must receive written approval from Skagit County Public Health BEFORE using a different commissary location. This agreement is not transferrable.

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 Street Address		
	City, State, Zip		

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

NOTE: If commissary kitchen is not located in Skagit County, you must attach a copy of the kitchen’s current Health Permit and most recent Inspection Report to this application. **Skagit County Public Health will not accept applications for commissary kitchens that are not permitted by the local health department.** See the document *Industry Guide – Commissary Kitchens* for more information.

Operations	Provide the typical hours the Commissary User will have access to the commissary kitchen					
		Monday	Tuesday	Wednesday	Thursday	Friday
	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	