

# Commissary Agreement

I agree to report daily to the commissary listed below. The facility will be providing the following services to my mobile food establishment **(check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fresh water supply                                   | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Chemical storage                 |
| <input type="checkbox"/> Grey water disposal                                  | <input type="checkbox"/> Garbage disposal                | <input type="checkbox"/> Vending unit cleaning facilities |
| <input type="checkbox"/> Ware washing facilities<br>(i.e. 3 compartment sink) | <input type="checkbox"/> Food Storage                    | <input type="checkbox"/> Vending unit storage             |

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Permit Type:  MF Type I       MF Type II       MF Type III  
 Temporary Food Est.       Seasonal Food Est.       Annual Event Food Est.

Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This facility will be providing the following services for the above-mentioned mobile food establishment **(check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fresh water supply                                   | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Chemical storage                 |
| <input type="checkbox"/> Gray water disposal                                  | <input type="checkbox"/> Garbage disposal                | <input type="checkbox"/> Vending unit cleaning facilities |
| <input type="checkbox"/> Ware washing facilities<br>(i.e. 3 compartment sink) | <input type="checkbox"/> Food Storage                    | <input type="checkbox"/> Vending unit storage             |

Commissary Name: \_\_\_\_\_

Commissary Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



## Maricopa County

Mobile Food/Special Events Program  
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envplanreview@maricopa.gov