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| FOR OFFICIAL USE ONLY: |
| Accepted By: _____ |
| Permit #: _____ |
| Date Processed: _____ |

SHARED FOOD FACILITY/COMMISSARY AGREEMENT

This form should be submitted with a food service application for all mobile food units and catering businesses. Foods sold or given away to the public must be prepared and stored in an **approved** facility. In addition, mobile food unit vehicles used in the sale of those foods must be serviced and, most often times, stored at an approved facility.

This form should be completed by the owner (or manager) of the approved facility/commissary where these food facility operations will occur for the business applying for a permit. No other facility may be used by this business for these operations without the written approval of Kittitas County Environmental Health Services.

Name of food establishment to use commissary: _____

Name of approved food facility/commissary: _____

Full commissary address: _____

Phone number at commissary and of owner: (_____) _____ - _____

Weekly days/hours at commissary: _____

List all equipment used at commissary (i.e. sinks, fridges, storage areas, kitchen equipment):

List all tasks done at commissary (i.e. produce rinsing, dish washing, and food storage):

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|----|-----------|---------------|------------------------|----------------------------------|------------------------|
| EH | Version:1 | Supersedes: 0 | Date Adopted: 05/01/19 | Modified/Created By: Will Schwab | Approval By: Jesse Cox |
|----|-----------|---------------|------------------------|----------------------------------|------------------------|

Is a restroom provided for employees at the commissary? (Check one) Yes No
If so, does the hand sink come equipped with hot running water, soap and paper towels?
(Check one) Yes No

I understand that the commissary I am providing will be used for: (check all that apply)

- Cooking and/or cooling foods
- Cutting and assembling foods
- Soaking and/or rinsing foods
- Washing of utensils and equipment (warewashing)
- Storage of food in refrigeration/freezers (designated and labeled area for exclusive use)
- Storage of dry and paper goods (designated and labeled area for exclusive use)
- Filling and/or emptying of mobile food unit water tanks
- Overnight storage of mobile food unit vehicles
- Cleaning of mobile food unit vehicles

The hours I allow the commissary to be used are:

(Include hours of the day, days of the week and months of the year)

Choose one:

These hours are during my normal operating hours.

These hours are outside my normal operating hours and I will be providing after hour access.

I understand that the Kittitas County Public Health Department has the right to inspect the commissary kitchen at any time during operations.

This agreement begins _____ I will inform the Kittitas County Public Health Department in writing immediately should this agreement be terminated.

Owner Agreement and Signature

As the owner of the above approved food facility/commissary, I have given my permission for the business known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Owner of Approved Facility/Commissary: (please print): _____

Signature of Approved Facility/Commissary Owner (Manager): _____

Date: _____