



## Cowlitz County Health & Human Services Departments

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### Board of County Commissioners

Arne Mortensen	District 1
Dennis Weber	District 2
Joe Gardner	District 3

## COMMISSARY AGREEMENT

Name of Commissary* Facility	
Commissary Facility Address	City/Zip
Commissary Owner Signature	Day Phone Number
Printed Name	Date

The above facility hereby agrees to provide access and use of their food service facility as a commissary to the owner and employee(s) of:

Name of Business Using Commissary	
Owner Signature	Day Phone Number
Printed Name	Date

*Use of the above commissary may be required for food preparation and storage, ware-washing activities, potable water supply, wastewater disposal and/or mobile unit servicing needs, as specified in the plan review process.*

Food safety inspections of commissary activities are required. Indicate applicable day and time of use:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Monday: _____ | <input type="checkbox"/> Tuesday: _____  | <input type="checkbox"/> Wednesday: _____ | <input type="checkbox"/> Thursday: _____ |
| <input type="checkbox"/> Friday: _____ | <input type="checkbox"/> Saturday: _____ | <input type="checkbox"/> Sunday: _____    | <input type="checkbox"/>                 |

Indicate which of these will be used at the commissary:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 3 Compartment Sink | <input type="checkbox"/> Hand Wash Sink       | <input type="checkbox"/> Commercial Refrigeration | <input type="checkbox"/> Food Prep Sink     |
| <input type="checkbox"/> Dry Storage Space  | <input type="checkbox"/> Freezer Space        | <input type="checkbox"/> Restroom Access          | <input type="checkbox"/> Ice Machine        |
| <input type="checkbox"/> Cooking Equipment  | <input type="checkbox"/> Prep Table/Equipment | <input type="checkbox"/> Mop Sink                 | <input type="checkbox"/> Trash Disposal     |
| <input type="checkbox"/> Food Truck Storage | <input type="checkbox"/> Sewer Dump Station   | <input type="checkbox"/> Potable Water            | <input type="checkbox"/> After Hours Access |
| <input type="checkbox"/> Other: _____       |   |   |   |

**This agreement is a condition of the operating permit, and is subject to approval by the Cowlitz County Health Department (CCHD). Mobile Food Units must renew this agreement annually.** Should either party terminate the Commissary Agreement, the permit for the party requiring commissary use is suspended and all food and beverage operations shall cease until the owner/operator of the permit secures the services of an approved kitchen facility and a signed Commissary Agreement provided to and approved by CCHD. **Note: this agreement is not transferable.**

\* "Commissary" is defined as an approved Food Establishment where food is stored, prepared, portioned, or packaged for service elsewhere (WAC 246-215-0115).

Environmental Health Specialist	Date
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