



Cowlitz County Health & Human Services Department

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Board of County Commissioners

Arne Mortensen	District 1
Dennis Weber	District 2
John Jabusch	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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