



Inyo County Environmental Health

1360 North Main Street
Bishop, CA 93514
(760) 878-0238

COMMISSARY SERVICES AGREEMENT FORM

INYO COUNTY COMMISSARY

OUT-OF-COUNTY COMMISSARY

A. BUSINESS INFORMATION

Business Name: _____ Phone Number: _____

Owner/Operator: _____ Email: _____

Mailing Address: _____ City: _____ Zip: _____

I, _____, hereby state that the above information is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code, California Retail Food Code, and Inyo County Environmental Health and Safety, requirements. **Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this department, your permit to operate a food facility will be subject to suspension or revocation. This Commissary Agreement shall be effective for no longer than one year.**

Signature: _____ Date: _____

B. COMMISSARY INFORMATION

Facility Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Owner/Operator: _____

C. COMMISSARY OWNER/OPERATOR AGREEMENT

I, owner/operator, will provide the following services to applicant:

Commercial cooking kitchen	YES <input type="checkbox"/> NO <input type="checkbox"/>	Overnight MFF parking/storage	YES <input type="checkbox"/> NO <input type="checkbox"/>
Food/equipment dry storage	YES <input type="checkbox"/> NO <input type="checkbox"/>	Liquid waste disposal	YES <input type="checkbox"/> NO <input type="checkbox"/>
Refrigeration/frozen food storage	YES <input type="checkbox"/> NO <input type="checkbox"/>	Electrical hook-up	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ware-washing area	YES <input type="checkbox"/> NO <input type="checkbox"/>	Grease/oil disposal	YES <input type="checkbox"/> NO <input type="checkbox"/>
Potable water supply	YES <input type="checkbox"/> NO <input type="checkbox"/>	Garbage and refuse disposal	YES <input type="checkbox"/> NO <input type="checkbox"/>

List all foods provided by the commissary and company(ies) from which foods are purchased:

Food	Company

I, _____, hereby state that the information I have provided is current, true, and correct to the best of my knowledge and meets the California Health & Safety Code requirements. If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or cancelled, the commissary owner shall notify this office immediately.

Signature: _____ Print Name: _____ Date: _____