



Eagle County Environmental Health Department COMMISSARY AGREEMENT

This Commissary Agreement must be completed and signed by the commissary owner/operator and submitted to Eagle County Environmental Health Department (**Phone:** 970-328-8755; **Email:** environment@eaglecounty.us) for approval. A new Commissary Agreement must be submitted each calendar year prior to the issuance of a Retail Food Establishment license. A new Commissary Agreement must be submitted if there is a change in ownership of the commissary.

I, _____ OF _____, LOCATED AT _____
(Commissary Owner/Operator Name) (Commissary Name)

(Full Physical Address of Commissary)

DO HEREBY GIVE PERMISSION TO

(Name of Mobile Unit, Temporary Event, or Catering Retail Food Establishment)

TO UTILIZE MY COMMISSARY KITCHEN TO PERFORM THE FOLLOWING *(please mark applicable items):*

<input type="checkbox"/> All cutting, peeling, and washing of fruits and vegetables	<input type="checkbox"/> Food preparation including cutting of meat and cooking
<input type="checkbox"/> Storage of foods in refrigeration/freezer unit(s)	<input type="checkbox"/> Storage of foods in dry storage area(s)
<input type="checkbox"/> Storage of single-service items (e.g., disposable plates)	<input type="checkbox"/> Storage of cleaning chemicals in chemical storage area
<input type="checkbox"/> Washing of dishes	<input type="checkbox"/> Storage, service and/or cleaning of equipment
<input type="checkbox"/> Filling of water tanks	<input type="checkbox"/> Dumping of wastewater
<input type="checkbox"/> Other <i>(please specify):</i>	

INDICATE THE EQUIPMENT AVAILABLE AT THE COMMISSARY FOR USE *(please mark applicable items):*

<input type="checkbox"/> Handsink(s)	<input type="checkbox"/> Three-Compartment Sink	<input type="checkbox"/> Refrigeration Unit(s)
<input type="checkbox"/> Food Preparation Sink	<input type="checkbox"/> Dishwashing Machine	<input type="checkbox"/> Freezer(s)
<input type="checkbox"/> Ice Machine	<input type="checkbox"/> Mop/Utility Sink	<input type="checkbox"/> Cooling Equipment
<input type="checkbox"/> Other <i>(please specify):</i>		

Commissary WATER SUPPLY: Municipal Well | Commissary WASTEWATER: Municipal Septic

INDICATE THE DAYS AND TIMEFRAME THE COMMISSARY IS AVAILABLE FOR USE *(please mark):*

<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
to	to	to	to	to	to	to

IS THE COMMISSARY AVAILABLE SEASONALLY OR FOR A SPECIFIC PERIOD OF TIME? YES NO
 IF SO, PROVIDE DATES AVAILABLE: _____

I, _____ OF _____
(Owner/Operator Name) (Name of Mobile Unit, Temporary, or Catering Retail Food Establishment)

OFFER THIS COMMISSARY AGREEMENT AS DOCUMENTATION THAT FOOD PRODUCTS ARE PREPARED AND STORED AT THE COMMISSARY LISTED ABOVE IN ACCORDANCE WITH THE COLORADO RETAIL FOOD ESTABLISHMENT RULES & REGULATIONS.

Mobile Unit, Temporary Event, or Catering Retail Food Establishment Owner Signature Date

Commissary Owner/Operator Signature Date