



WHATCOM COUNTY HEALTH DEPARTMENT

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

COMMISSARY AGREEMENT

A commissary means an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Whatcom County Health Department. Food code requires you to return to your commissary every day.

Persons wishing to operate at one of the following must submit this form for our review (check one):

- A mobile unit or push cart; or
A temporary food establishment requiring off-site or advanced food preparation; or
A temporary food establishment lasting two days or more; or
A farmer's market food vendor or processor stand; or
A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information

Commissary User information

Facility Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Round trip mileage from commissary kitchen to service location and back: \_\_\_\_\_ Miles

Afterhours accessibility – key provided to commissary user? [ ] Yes [ ] No

Commissary tasks (mark all that apply):

- Cooking foods
Hot Holding foods
Raw Meat/Seafood Prep
Vegetable / Ready to Eat Food Prep
Other Food preparation ( trimming, assembly, re-portioning )
Dry Goods Food storage ( i.e. shelving for dry goods )
Refrigerated Food storage ( i.e. walk-in cooler, sandwich prep cooler )
Cooling of hot foods ( If yes, which method: [ ] shallow pan or [ ] ice bath )
Other: \_\_\_\_\_
Potable water re-supply
Wastewater disposal
Cleaning of utensils
Restroom Available

I grant permission for \_\_\_\_\_ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business. The commissary owner consents to inspection of the facility by the Whatcom County Health Department.

Commissary operator signature \_\_\_\_\_ Date \_\_\_\_\_

Commissary user signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ EHS: \_\_\_\_\_ PR: \_\_\_\_\_