



GRAHAM COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health (928) 428-1962

826 West Main Street, Safford, Arizona 85546

FAX (928) 428-8074

COMMISSARY AGREEMENT

Mobile Food Establishment: _____

Commissary Name: _____

Commissary Address: _____

Commissary Owner/Agent: _____

Please indicate which services will be provided to the mobile food establishment:

Food Cooking Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial Refrigeration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparation Tables/Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Freezer Space	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Warewashing Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dry Storage Space	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cart/Truck Cleaning Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleaner/Supply Storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supply Potable Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Garbage Dumpster Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supply Food Products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Used Cooking Oil Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supply Culinary Ice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wastewater Disposal*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overnight Parking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mop Sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No

** If wastewater is disposed into a septic system, the system must be evaluated and approval must be granted from the Health Department.*

Please list the hours that the Mobile Food Establishment may use your facility:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

As the owner/agent of the facility to be used as a commissary, I understand that:

- My facility may be inspected periodically as part of the Mobile Food Establishment's inspection requirements.
- My facility must maintain a rating of "Satisfactory" or better to operate as a commissary.
- If the operations of my facility are negatively impacted by the operations of the mobile food establishment, I may be required to cease serving as a commissary until the problem is corrected.
- This agreement is not transferrable. Should there be a change in ownership of either the commissary or the mobile vendor, or should there be any modification or cancelation of this agreement between parties, then the mobile food establishment permit may be suspended.

Commissary Agent – Printed Name & Title

Mobile Vendor – Printed Name & Title

Commissary Agent Signature

Date

Mobile Vendor Signature

Date