Environmental Health Division
806 South Main Street, Yreka, CA 96097 – Telephone 530-842-8200 FAX 530-841-4076

Commissary Agreement

Must be submitted annually for Health Permit issuance

Business Information

Business Name: _____

Business Type: Mobile Catering Other: _____

Phone: _____ Email: _____

Owner Name: _____

I, as the business owner, will operate out of the commissary listed below and report to the commissary no less than once per operating day. I will notify Environmental Health of any changes to this agreement and understand that I must not perform any business operations at any time in which the commissary facility and services are unavailable.

_____ _____
Signature of Business Owner Date

Commissary Information

Type of Facility: Commissary Restaurant Market

Commissary Name: _____

Commissary Owner: _____

Commissary Address _____

Phone: _____ Email: _____

Hours of Operation: _____

I, as the commissary owner/operator, will provide the follow to the facility listed above:

Preparation or packaging of food	Refridgerated/frozen food storage
Potable water supply	Dry food storage
Liquid waste disposal	Utensil storage
Waste grease removal	Electrical hook up
Warewashing	Restrooms
Overnight parking	Janitorial facilities

_____ _____
Signature of Commissary Owner Date