Commissary Sharing Agreement

Commissary/Building Owner Information

Name __________________________________________________________
Address ________________________________________________________ City ______________________
Contact Name and Phone number ________________________________
Daily Business Hours of Operation ________________________________

Food Operator Information

Name __________________________________________________________
Contact Name and Phone Number ________________________________
Daily Hours of Operation at Commissary __________________________

A commissary is a fundamental part of a mobile food establishment’s operation. Requirements may vary depending on the menu, food preparation activities, and design of the mobile food establishment. Indicate which of the following items will be available for use at the commissary:

☐ Handwashing Sink(s) 1 ☐ Commercial Refrigeration
☐ Three Compartment sink ☐ Freezer Space
☐ Mop sink ☐ Food and Single service items storage space
☐ Preparation/Vegetable Sink

1 Approved hand sinks are required in all food preparation areas and dish washing areas.

✓ Commissary keys must be provided to the mobile operator if hours of the mobile food establishment exceed hours of the restaurant or retail food store.

✓ Food establishment licensees are responsible for correcting health code violations on equipment provided to the food operators and the facility.

✓ Food operators are responsible for correcting health code violations on their own equipment.

✓ The food establishment operator shall notify DeKalb County Health Department if there are any changes to this agreement and must be renewed yearly. This agreement is not transferable.

______________________________  ________________________________
Commissary Owner - Sign and Date  Food Operator - Sign and Date