

## MOBILE FOOD UNIT COMMISSARY AGREEMENT

Commissary agreements are valid for the calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>) and must be renewed yearly. A commissary must be a licensed food service facility. A licensed food service facility will have a Health Department license or an Oregon Department of Agriculture license.

This agreement becomes invalid if the food service facility does not have a current license to operate. In the event this agreement for commissary usage is terminated or the food service facility does not have a current license, the mobile unit license is immediately suspended and all operations must cease until the operator obtains and submits a valid Commissary Agreement to Klamath County Environmental Health.

The licensee of the Commissary is responsible for all food service activities conducted by the mobile unit operator on the premise. The licensee of the licensed food service facility hereby agrees to provide access for usage as a Commissary to said Mobile Unit licensee for dishwashing and/or food preparation and storage required for the mobile unit operations. All information contained in this record is public.

**MOBILE UNIT (Please Print)**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facility Number: \_\_\_\_\_

**LICENSED FOOD SERVICE FACILITY (Please Print)**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facility Number: \_\_\_\_\_  
County Licensed In: \_\_\_\_\_

**Check below the type of agreement:**

- The licensee of the food service facility agrees to be responsible for commissary activities under the existing food service license. (No Fee)
- The licensee of the food service facility requests the mobile unit licensee to obtain an additional license for the commissary. (Mobile unit operator must submit a commissary licensing fee and application)

This agreement between the above parties is valid from \_\_\_\_\_ to \_\_\_\_\_ .  
Month/Day/Year Month/Day/Year

Food service facility licensee  
/agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Mobile unit licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

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**For Office Use Only**

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_