

## COMMISSARY AGREEMENT

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MOBILE FOOD UNIT NAME: \_\_\_\_\_

MOBILE FOOD UNIT OWNER NAME(S): \_\_\_\_\_

DATE OF AGREEMENT: \_\_\_\_\_

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### TO BE COMPLETED BY COMMISSARY OWNER

My restaurant/food service establishment agrees to serve as a commissary for the Mobile Food Unit listed above. I agree that the Mobile Food Unit is authorized to conduct the following services on a daily basis:

(Select all services that will be provided by the restaurant/commissary to the mobile food unit)

- |   |  |
|---|--|
| <input type="checkbox"/> Potable Water Source               | <input type="checkbox"/> Food Preparation              |
| <input type="checkbox"/> Waste Water Disposal               | <input type="checkbox"/> Food Storage                  |
| <input type="checkbox"/> Cleaning Area for Mobile Food Unit | <input type="checkbox"/> Ware Washing                  |
| <input type="checkbox"/> Storage of Mobile Food Unit        | <input type="checkbox"/> Equipment and Utensil Storage |
| <input type="checkbox"/> Refrigeration                      |  |

COMMISSARY/FOOD ESTABLISHMENT NAME: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TENNESSEE FOOD ESTABLISHMENT PERMIT #: 605  
(ATTACH COPY OF PERMIT/LICENSE ISSUED BY Tennessee Department of Health)

COMMISSARY OWNER SIGNATURE: \_\_\_\_\_