

COCONINO COUNTY
HEALTH AND HUMAN SERVICES

ENVIRONMENTAL HEALTH

2625 N. King Street, Flagstaff, AZ
86004
TEL: 928.679.8750, FAX: 928.679.8771

COMMISSARY AGREEMENT

In accordance with County Food Code Regulation 8-4-10, I agree to report to the commissary facility listed below each operational day for the purpose of washing and sanitizing equipment and utensils, obtaining potable water, disposal of wastewater, food preparation and storage. I understand this agreement is non-transferable and I will notify the Coconino County Health Services of any change in the operations. I understand that failure to comply with the commissary agreement could result in permit revocation.

PLEASE PRINT IN THESE SECTIONS

OWNER OF MOBILE FOOD UNIT: _____
SIGNATURE: _____
BUSINESS NAME: _____
NAME OF FOOD BOOTH: _____
DUMP STATION LOCATION NAME/ADDRESS: _____

POTABLE WATER SERVICING LOCATION NAME/ADDRESS: _____

REST ROOM LOCATION FOR EMPLOYEES (\leq 200 FT): _____

THIS SECTION TO BE COMPLETED BY COMMISSARY

I agree to provide commissary services for the above mobile/temporary food service operator and will notify Coconino County Health Services if the vendor discontinues use of my facility.

BUSINESS NAME: _____
OWNER/MANAGER: _____
STREET ADDRESS: _____
CITY: _____ PHONE: _____
HEALTH SERVICES LICENSE #: _____
HOURS OF ACCESS: _____
SIGNATURE: _____
TITLE: _____
DATE: _____
Assessor's Parcel Number (APN) _____