



PINAL COUNTY  
wide open opportunity

### Environmental Health Services Commissary Agreement

**To be completed by commissary:**

Commissary Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State & Zip Code)

The following services may be performed at my commissary:

- |                                                                                |                                                                |
|--------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Wash, rinse and sanitize all food contact surfaces    | <input type="checkbox"/> Service area is covered               |
| <input type="checkbox"/> Wash out truck                                        | <input type="checkbox"/> Outdoor service area is non-absorbent |
| <input type="checkbox"/> Fill with fresh water                                 | <input type="checkbox"/> Dispose of waste water                |
| <input type="checkbox"/> Storage of good/single service articles (paper goods) | <input type="checkbox"/> Store mobile unit                     |
| <input type="checkbox"/> Have use of inside preparation facilities             | <input type="checkbox"/> Have access to facility at all times  |
| <input type="checkbox"/> Limited access to facility                            | <input type="checkbox"/> Access Hours _____                    |

**PROVIDE A CURRENT INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY**

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The mobile vehicle listed below has permission to use my facility to perform the items checked above.*

Commissary Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by mobile food operator:**

Mobile Food Unit / Pushcart Name: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle Identification #: \_\_\_\_\_

Name of Vehicle Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Owner's Phone #: \_\_\_\_\_

*I certify that this information is true and correct.*

Mobile Food Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENVIRONMENTAL HEALTH SERVICES**