

Morgan County Health Department

180 S. Main St., Ste. 252, Martinsville, IN 46151

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Shared Food Facility / Commissary Agreement Form

Foods sold or given away to the public must be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced at an approved facility each day they operate. This agreement means that the operator of the mobile food unit will have access to the commissary and its facilities at any time.

This form is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a license.

Name of Business applying for Retail Food Establishment Permit: _____

Name of Approved Food Facility/Commissary: _____

Full Address of Commissary: _____

Commissary Phone: _____

Food License for Commissary issued by: _____

Operations to take place: Yes: No

Food preparation to include cooking? Yes: No

Food/Utensil storage including refrigeration & freezer space? Yes: No

Vehicle/Cart storage? Yes: No

Washing of utensils/equipment? Yes: No

Restrooms available during all hours of food establishment operation? Yes: No

Mop Water Disposal? Yes: No

Other operations to take place in Commissary: _____

As the owner of the above approved food facility/commissary, I have given my permission for the business known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Name of owner of Approved Facility/Commissary: (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____