



Asotin County Health District  
 PO Box 306 / 102 1<sup>st</sup> Street  
 Asotin, WA 99402  
 509.243.3344 | FAX 509.243.3345

### Use of Commissary / Shared Kitchen Agreement

All Food Establishments must operate out of an approved facility located within Asotin County. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other Vendors.

The commissary must have facilities for supply storage, equipment cleaning, food preparation, and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used. (All of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- |  |   |
|--|---|
| <input type="checkbox"/> 3-Compartment Sink                    | <input type="checkbox"/> Ice Machine                                    |
| <input type="checkbox"/> Hand Wash Sink                        | <input type="checkbox"/> Key Accessibility to Commissary (If necessary) |
| <input type="checkbox"/> Food Prep Sink                        | <input type="checkbox"/> Cooking Equipment                              |
| <input type="checkbox"/> Commercial Refrigeration Space        | <input type="checkbox"/> Preparation Table/Equipment                    |
| <input type="checkbox"/> Dry Storage Space (square feet) _____ | <input type="checkbox"/> Mop Sink                                       |
| <input type="checkbox"/> Freezer Space                         | <input type="checkbox"/> Off Street Parking for trucks/trailers         |
| <input type="checkbox"/> Restroom Access                       | <input type="checkbox"/> Other: _____                                   |

#### Commissary Information

Name of Business: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Business Hours of Operation: \_\_\_\_\_  
 Do other vendors use this commissary?  Yes  No If so, how many? \_\_\_\_\_

#### Mobile Unit/ Caterer/ Vendor Information

Name of Business: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Days/Time at Commissary: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
 (Commissary Owner/Agent – Printed Name & Title) (Mobile Unit/Caterer/Vendor– Printed Name & Title)

\_\_\_\_\_  
 (Commissary Owner/Agent – Signature & Date) (Mobile Unit/Caterer/Vendor– Signature & Date)

This agreement between the owner of the commissary and the operator of the Mobile Food Unit, Caterer or Vendor signifies that both parties agree to the allowed use of the commissary as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or Mobile Unit/Caterer/Vendor, or should there be any modification or cancelation of this agreement between parties, then the Asotin County Health District Permanent Food Service Establishment Permit may be suspended.

#### For Office Use Only:

Health Officer Approval for use of commissary by the mobile food unit owner/vendor identified above: Health and Environmental Investigator/Compliance Officer:

\_\_\_\_\_  
 Print Name Signature Date