



## COMMISSARY AGREEMENT

Health permit number: \_\_\_\_\_

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks, disposal of wastewater, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary meets all criteria for a commissary as described in the current Champaign-Urbana/Champaign County Food Service Sanitation Rules and Regulations.

Failure to abide by this agreement may result in legal action being taken to revoke the permit to operate this food service.

Doing business as (name of business): \_\_\_\_\_

Owner (of food service): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I agree to provide commissary services for the above food service. My commissary meets all commissary criteria outlined in the Champaign-Urbana/Champaign County Food Service Sanitation Rules and Regulations.

Business name (of commissary): \_\_\_\_\_

Owner or manager name: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_ (\_\_\_\_) \_\_\_\_\_ Health permit number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_