



COMMISSARY/ SERVICING AREA AGREEMENT

Servicing Area is defined by the 2017 FDA Model Food Code as “an operation base location to which a mobile food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.”

This section to be completed by the Mobile Food Establishment (MFE) Owner

Establishment Name: _____ Permit Number: _____

Owner Name: _____ Phone #: _____ Email: _____

I agree to report to the establishment listed below each operational day for all cleaning and service operations marked below. Failure to abide by this agreement may result in legal action being taken to revoke the permit to operate this MFE.

Owner Signature: _____ Date: _____

This section to be completed by the Commissary/ Servicing Area Owner

The below listed establishment will be providing the following services to the above mentioned MFE on a:

Daily Basis Weekly Basis Other (explain): _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Warewashing Facilities | <input type="checkbox"/> Equipment & Utensil Storage | <input type="checkbox"/> Food Storage |
| <input type="checkbox"/> Fresh Water Supply | <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Trash Disposal |
| <input type="checkbox"/> Used Cooking Oil Disposal | <input type="checkbox"/> Vehicle/ Cart Washing Area | <input type="checkbox"/> Vehicle/ Cart Storage |
| <input type="checkbox"/> Food Preparation (requires a separate permit) | | <input type="checkbox"/> Toilet Room Facilities |

Establishment Name: _____ Permit Number: _____

Address: _____ City: _____

Owner Name: _____ Phone #: _____ Email: _____

I agree to provide a commissary/ servicing area for the above MFE. I also agree to contact the Champaign-Urbana Public Health District/ Champaign County Public Health Department if the above MFE ceases using my establishment for these purposes.

Owner Signature: _____ Date: _____

This section to be completed by C-UPHD/ CCPHD

Commissary/ Servicing Area Agreement Approval Date: _____ By: _____