



**TIPPECANOE COUNTY
HEALTH DEPARTMENT**

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<http://www.tippecanoe.in.gov/health>

Use of Commissary/Shared Kitchen Agreement

All food establishments must operate out of an approved facility. Many food operations, such as mobile food units and caterers, utilize commissaries that are not under their own ownership. This form must be completed if you will be utilizing a commissary.

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 sink. An indirectly drained food preparation sink will be required if produce washing occurs. 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; an incomplete plan submittal may delay approval. Please indicate which of the following services will be allowed for use at the commissary:

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Hand wash sink |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Commercial refrigeration space |
| <input type="checkbox"/> Dry Storage Space (linear) _____ sq.ft | <input type="checkbox"/> Freezer space |
| <input type="checkbox"/> Restroom Access | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Key Accessibility to Commissary (if necessary) | <input type="checkbox"/> Cooking Equipment <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Preparation Table/Equipment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Off street parking for truck/trailer | |

Commissary Information: Name of Business _____
 _____ Address _____ City _____ Zip _____
 _____ Contact Person Title _____
 _____ Phone# _____ Cell Phone# _____ Email _____
 _____ .@ _____ Hours of operation: _____

Do other vendors use this commissary? Yes or No If yes, how many total _____

Mobile Unit/Caterer/Vendor information: Name of Business _____
 Owner/Operator Title _____ Phone _____
 Cell Phone Address _____ City _____
 Zip _____ E-mail _____ .@ _____

Commissary owner/rep. Print Name & Title

Mobile unit/caterer Print Name & Title

Commissary owner/rep. Signature & Date

Mobile unit/caterer Signature & Date

This agreement between the owner of the commissary and the operator of the mobile unit or caterer signifies that both parties agree to the allowed use of the commissary as specified. Note that this agreement is not transferable. Should there be any change in

ownership of either the commissary or mobile unit/caterer an updated agreement must be signed. Failure to comply could result in a suspended Food service permit for both parties Ordinance 2007-19CM.

For Health Office use only: *Date of approval of this agreement.* _____ *Signature.* _____

Route Schedule

Monday		Tuesday		Wednesday		Thursday		Fri/Sat	
Time	Location	Time	Location	Time	Location	Time	Location	Time	Location

¹Time of Daily Visit(s) to Commissary: _____AM; _____PM

¹The inspection of the utilization of a commissary is an essential part of the routine inspection of a mobile food service operation. Failure to utilize a commissary as stated in in the commissarial agreement is grounds for suspension, revocation, and denial of a mobile food permit under Tippecanoe County Ordinance 2009-17CM.