



**TIPPECANOE COUNTY
HEALTH DEPARTMENT**

Commissary/Shared Kitchen Agreement

Foods & Environmental
20 N 3rd Street
Lafayette, IN 47901
Phone-765-423-9221 Fax-765-423-9277
health@tippecanoe.in.gov

Jeremy P. Adler, Health Officer
Khala Hochstedler, Administrator
Stacie Rees, Chief of Foods

All Mobile Unit/Caterer/Vendor establishments must operate out of an approved commissary facility. This form must be completed if you will be utilizing a commissary.

Commissary Information

Establishment's Name: _____

Address: _____

City: _____ **St.** _____ **Zip:** _____

Telephone: _____

Email: _____

Contact Person's Name: _____

Hours of Operation: _____

Do other vendors use this commissary?

Yes No If yes, how many total _____

Mobile Unit/Caterer/Vendor Information

Name of Business: _____

Owner's Name: _____

Address: _____

City: _____ **St.** _____ **Zip:** _____

Telephone: _____

Email: _____

Contact Person's Name: _____

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 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"/> Food Prep Sink | <input type="checkbox"/> Dry Storage Space (linear) _____ sq. ft. |
| <input type="checkbox"/> Preparation Table/ Equipment | <input type="checkbox"/> Hand wash sink | <input type="checkbox"/> Off Street Parking for Truck/Trailer |
| <input type="checkbox"/> Ice Machine | <input type="checkbox"/> Freezer Space | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Restroom Access | <input type="checkbox"/> Cooking Equipment | <input type="checkbox"/> Mop Sink |
| <input type="checkbox"/> Key Accessibility to Commissary (if necessary) | | <input type="checkbox"/> Other: _____ |

Commissary Owner/Rep. Print Name & Title

Mobile Unit/Caterer/Vendor Print Name & Title

Commissary Owner/Rep. Signature & Date

Mobile Unit/Caterer/Vendor Print Signature & Date

This agreement between the owner of the commissary and the operator of the mobile unit/caterer/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 any change in ownership of either the commissary or mobile unit/caterer/vendor an updated agreement must be signed. Failure to comply could result in a suspended food service permit for both parties Ordinance 2007-19CM.