



Warren County Health Department

240 S Main P.O Box 198 Monmouth, Illinois 61462-0198 Phone (309) 734-1314 Fax (309) 734-1315

COMMISSARY AGREEMENT

To the Warren County Health Department:

THE FOLLOWING LICENSED FOOD SERVICE ESTABLISHMENT:

Commissary name: _____

Commissary address: _____

Commissary phone: _____

AGREES TO SERVE AS A COMMISSARY TO THE FOLLOWING MOBILE LICENSED FOOD SERVICE:

Business name: _____

Mailing address: _____

Telephone number: _____

Business Type (Check all that apply):

Mobile Cart Temporary Caterer Other _____

HAS MY PERMISSION TO USE MY BUSINESS AS A COMMISSARY FOR FOOD STORAGE, CLEANING, FOOD PREPARATION AND MAINTENANCE OF TRUCK AND STORAGE OF ALL SUPPLIES.

Signed: _____ Date: __/__/__

Owner's Signature

In the event that the agreement for commissary usage is terminated, the mobile food service license is immediately suspended and all operations must immediately discontinue until the owner/operator of the mobile food unit secures the services of an approved commissary and provides another valid Commissary Service Verification form to the Warren County Environmental Health Department. This agreement becomes invalid if the commissary or food service establishment does not have a current food license.

Signed: _____ Date: __/__/__

Vendor Signature

OFFICE USE ONLY

Commissary Permit # _____ Vendor Permit # _____

WCHD Sanitarian _____ Date of Approval _____