



## ADAMS COUNTY HEALTH DEPARTMENT

108 W. Main, RITZVILLE, WASHINGTON 99169 - TELEPHONE (509) 659-3315  
 425 E. Main, Ste. 700, OTHELLO, WASHINGTON 99344 - TELEPHONE (509) 488-2031

### Commissary Agreement

Food establishment name:		
Location address:		
City:	State:	Zip:
Phone #:	Fax #:	Cell #:

This agreement between the commissary owner and the above establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary as specified below. This commissary agreement is not transferable to other parties and becomes null and void upon change of ownership of either party. **It is the vendor's responsibility to notify Adams County Health Department (ACHD) in advance of any proposed changes or modifications to this agreement.** Modification or cancellation of this agreement by either party for any reason shall result in the **suspension** of the vendor's operating permit issued by ACHD. This suspension is effective until a new agreement is provided in writing to ACHD and approved.

**The services below will be provided to the vendor by the commissary owner:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Potable water   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waste water disposal                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage disposal                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dry storage space                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refrigeration space                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Freezer space   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bathroom access at commissary                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bathroom access at serving location                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice machine access                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cart storage space                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food prep sink with drain board                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3-compartment sink with drain board space on each end | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mop sink provided                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessibility to commissary requires a key?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**List tasks done at commissary kitchen** (i.e. cut meat, wash vegetables, wash dishes):

Name of commissary:		Owner name:	
Commissary address:		Commissary phone:	
Commissary hours of operation	Days of week:	Time opens AM:	Time closes PM:
Vendor hours of operation	Days of week:	Time opens AM:	Time closes PM:
Days/hours vendor has access to commissary:			

**If commissary is located outside of Adams County, the health inspector and phone number for your establishment is:** \_\_\_\_\_

**A copy of the last inspection report is required prior to approval.** \_\_\_\_\_

**By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's food establishment permit issued by ACHD.**

\_\_\_\_\_  
 Printed name of Commissary Owner

\_\_\_\_\_  
 Signature of Commissary Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name of Mobile Food Unit Owner

\_\_\_\_\_  
 Signature of Mobile Food Unit Owner

\_\_\_\_\_  
 Date