



**GRAYS HARBOR COUNTY**  
**DEPARTMENT OF PUBLIC SERVICES**  
**ENVIRONMENTAL HEALTH DIVISION**

**100 W Broadway, Suite 31**  
**Montesano, WA 98563**  
**360-249-4222**  
**360-249-3203 Fax**  
**www.graysharbor.us**

**MFU COMMISSARY/SERVICING AREA AGREEMENT**

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food unit operation. Please refer to the guide to differentiate between the two types of agreements. Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFU operating permit issued by Grays Harbor County Environmental Health.** This suspension is effective until a new agreement is provided and approved.

Mobile Food Unit Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours and Days of Operation: \_\_\_\_\_

Time and Days at Commissary/Servicing Area: \_\_\_\_\_

*This agreement between the commissary or servicing area owner and the applicant signifies that both parties agree that the following services shall be provided.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Approved Water Source                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Approved Wastewater Disposal                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage/Trash Disposal                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dry Storage Space (adequate shelving provided)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial Refrigeration (adequate shelving provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice Machine   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food Preparation Sink (with air gap)                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Three Compartment Sink or Dishwasher                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mop Sink  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restroom  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobile Food Unit Storage Availability                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| After-hours accessibility (entrance key provided)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**MOBILE FOOD UNIT COMMISSARY/SERVICING AREA AGREEMENT AUTHORIZATION**

Commissary/Servicing Area Name: \_\_\_\_\_

Commissary/Servicing Area Operating Hours and Days: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 MFU Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_