



## CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

### MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE

#### FOOD SERVICE ESTABLISHMENT [Commissary]

\_\_\_\_\_  
Dba/Name of Commissary

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Day Phone Number

Hereby agrees to provide access and use of their food service establishment as a commissary kitchen to the owner and employee(s) of:

#### FOOD SERVICE PERMIT HOLDER

\_\_\_\_\_  
Name of Permit Holder

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Day Phone Number

Clark County Public Health Food Safety inspection of commissary is required. Indicate applicable day and time of commissary usage:

Monday \_\_\_\_\_  Wednesday \_\_\_\_\_  Friday \_\_\_\_\_  Sunday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  Thursday \_\_\_\_\_  Saturday \_\_\_\_\_

The above permitted commissary is to be used for **all** preparation and storage of food items, dishwashing activities as needed, and mobile unit servicing needs.

In the event either party terminates the Memorandum of Agreement for Commissary Usage, the permit holder is immediately suspended and all food and beverage operations shall immediately cease. The owner/operator of the permit must secure the services of another approved commissary and provide another signed Memorandum of Agreement for Commissary Usage to CCPH. This agreement becomes invalid if the above commissary does not have and maintain a valid Food Establishment Permit. This agreement is subject to approval by Clark County Public Health.

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date