



Commissary Agreement

This agreement between the commissary owner and the establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary. This commissary agreement is not transferrable to other parties and becomes null and void upon change of ownership of either party. It is the vendor’s responsibility to notify Spokane Regional Health District (SRHD) in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor’s operating permit issued by SRHD. This suspension is effective until a new agreement is provided in writing to SRHD and approved.

Applicant Information

Vendor Name:

Permit #:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Cell:

Days of week vendor uses commissary: M T W Th F Sat Sun

Vendor hours of operation:

Commissary Information

Name of Commissary:

Address:

Parcel #:

City:

State:

Zip:

Phone:

Email:

Cell:

Days of week commissary provides access to vendor: M T W Th F Sat Sun

Hours of operation:

Water / Wastewater (This information must be provided for the commissary kitchen).

Potable water supply:

Public water system name:

Well - must be registered with Washington State Dept of Health Drinking Water Program

Registration #

Wastewater disposal:

Public sewer

On-site septic system - system capacity must be evaluated and approved as part of plan review. **The following**

information is required to evaluate the septic system:

Estimated # of meals served or # of customers per day:

of employees:

Are there multiple structures on the property?

Yes - Identify structure that food establishment (commissary) is in on the site plan

No

Services provided by commissary

Potable Water Wastewater Disposal Garbage Disposal Dry Storage Bathroom Access Ice Machine (indirectly drained)
 Walk-In Refrigeration Space, indicate ft³ provided: Reach-In Refrigerator/Preparation Cooler Space, indicate ft³ provided: Freezer Space, indicate ft³ provided: Cooking Equipment Cart Storage Space Food Preparation Sink (indirectly drained) Mop Sink 3-Compartment Sink Food Preparation Space

Signatures

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 operating permit issued by SRHD.

Signature of Commissary Owner:	Printed Name of Commissary Owner:	Date:
Signature of Vendor Owner:	Printed Name of Vendor Owner:	Date:

Spokane Regional Health District assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. To file a complaint or to request more information, reasonable accommodations, or language translations, contact 509.324.1501 or visit srhd.org.

