



**Agreement to Provide Commissary Facilities
for a Mobile Food Unit Operating in Pima County**

I agree to the following requirements [*]:

1. **This Mobile Food Unit must operate from this Commissary daily.**
2. **All necessary food preparation and storage must be at this Commissary.**
3. **This Commissary will provide potable water to this Mobile Food Unit.**
4. **A food grade hose must be available to fill water tanks.**
5. **This Commissary must provide a Mobile Food Unit servicing area. Servicing area will be made of concrete or machine laid asphalt, smooth with no possible accumulation of water.**
6. **This Commissary must provide cold storage space, approved by the Pima County Health Department, for the storage of foods at time of delivery, after preparation and at the end of the workday.**
7. **This Commissary must provide shelf space for the storage of food, equipment, and supplies.**
8. **This Commissary must provide facilities for the washing of equipment and utensils (a three compartment sink or dishwasher).**
9. **This Commissary Operator and this Mobile Food Operator must immediately notify the Pima County Health Department of any changes in the operations or this agreement.**
10. **Waste water must be discarded at the address below:**

(Print the street address where waste will be disposed) _____

This is to certify that:

_____ at _____
 (Name of Mobile Food Business) (Address of Mobile Food Business)

_____ _____
 (Health Department Permit Number) (Mobile Food Business Phone Number)

Will be provided Commissary facilities by:

_____ at _____
 (Name of Commissary Facility) (Address of Commissary)

_____ _____
 (Health Department Permit Number) (Commissary Phone Number)

Notarized signatures required by both parties:

*Your signature verifies understanding of and agreement with the above requirements

Mobile Food Unit Owner: _____

Commissary Owner: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ YEAR _____

My Commission Expires

Notary Public Mark