



DIVISION OF ENVIRONMENTAL HEALTH
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Mobile/Caterer Commissary Agreement

A commissary (permitted commercial kitchen) acts as a base of operation and support to a mobile or catering business. The goal is to ensure food/drink preparation and storage doesn't occur in private homes where routine, unannounced inspections can't possibly happen. In Utah, it is by rule that a commissary is to be used – Utah Rule R392-102-3: *Commissary Requirements*.

If you are found operating without a commissary, using a private home, or other unpermitted facility for any portion of your operation, your mobile or catering business permit **WILL BE SUSPENDED**.

Mobile or Caterer Information: (To Be Completed by Mobile Business or Caterer)

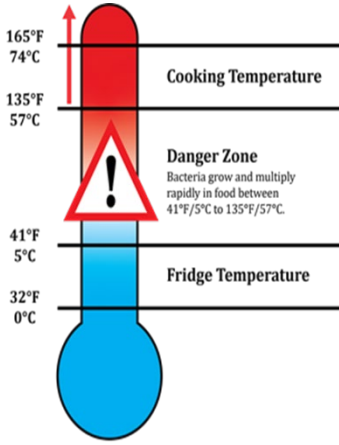
- Check only one: This is a Mobile Food business (truck, trailer, van, or cart).
 This is a Catering business.

Name of Mobile Unit or Catering Business	License Plate Number of Mobile Unit
Business Owner's Email Address	Owner Phone Number
Business Owner's Name (Print)	Date

**By signing below, I acknowledge that I will report to the commissary as often as necessary to meet the requirements of the Mobile Business Rule of Utah (R392-102) and I agree to maintain the commissary log records for 1 year and provide them for inspection (R392-102-3 (e)(i – ii)). Failing to do so may result in the closure of my mobile/catering business and suspension of my permit. Additionally, I will report to Utah County Health Department if I choose to terminate this agreement with the commissary:*

[Signature area]

{Mobile or Catering Business Owner Signature}



Since bacteria proliferates quickly in the danger zone, explain how you will keep TCS food/liquid within cold-holding or hot-holding ranges during transit:

Commissary Kitchen Information
(To Be Completed by Commissary Owner)

Commissary Kitchen Name		
Commissary Kitchen Address		City / State / Zip
Commissary Kitchen Owner's Name (Print)	Email	Date

*** REQUIRED* List all mobiles and caterers that are currently using this commissary (use page 4 for extra)**

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REQUIRED Check all services that will be provided to the mobile food truck/trailer or cart:	
<input type="checkbox"/>	Provide culinary/potable water.
<input type="checkbox"/>	Wastewater disposal: grease is to be filtered through a grease trap.
<input type="checkbox"/>	Ware-washing (3-compartment sink, dish washer) with a drying rack.
<input type="checkbox"/>	Prep area.
<input type="checkbox"/>	Food/drink storage (space in refrigerators and dry storage labeled with the mobile name).
<input type="checkbox"/>	Trash disposal.
<input type="checkbox"/>	Other:

**As the owner, I understand my facility operates under a separate Food Establishment Permit issued by Utah County Health Department and I am authorizing use of my facility as a commissary to a mobile business or caterer.*

Please initial: _____

**As the kitchen owner, I understand that my facility will be routinely inspected by Utah County Health officials. I will ensure compliance with the 2013 FDA Food Code and Utah County local regulations. Additionally, I will correct issues of non-compliance identified during an inspection.*

Please initial: _____

**As the kitchen owner, I understand Utah County Health Department has the right to inspect and assess food safety/security to determine if my kitchen is suitable to have extra occupancy load imposed by a mobile food business or a caterer. Please Initial:*

Please initial: _____

**By signing below, I acknowledge that I will allow this food business to use my facility as a commissary and I will report to Utah County Health Department if the mobile business/caterer is not utilizing the commissary as required. Additionally, I agree to report to Utah County Health Department if the mobile business or caterer no longer uses my commissary for services.*

{Commissary Kitchen Owner Name & Title}

Health Department Information (To Be Completed by Health Department Personnel)

The kitchen space is adequate and can support extra load imposed upon this commissary from the mobile/catering business.		
E.H.S. Signature	E.H.S. Print Name	Date

{Continuation of page 2 - Extra mobiles and/or catering companies}:}

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