



# COMMISSARY AGREEMENT

707 N. Armstrong Place Boise, Id 83704 Ph: 208 327-7499 Fax: 208 327-8553

Type of operation:

- Food Processor
- Mobile unit – If yes:  Full Service  Limited Service  Push Cart
- Temporary event establishment

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

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit Type: if Different than listed above \_\_\_\_\_

Establishment License No. \_\_\_\_\_

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

## TO BE COMPLETED BY COMMISSARY OWNER/OPERATOR – Please print or type.

This facility will be providing the following services to the above mentioned business owner/operator as a food processor/full or limited service mobile or pushcart. The commissary agrees to supply the following on a:

Daily basis  Weekly basis  Other; explain \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Fresh water supply               | <input type="checkbox"/> Food Storage         |
| <input type="checkbox"/> Food preparation                 | <input type="checkbox"/> Garbage Disposal     |
| <input type="checkbox"/> Grey water disposal              | <input type="checkbox"/> Warehouse facilities |
| <input type="checkbox"/> Vending unit cleaning facilities | <input type="checkbox"/> Vending unit storage |
| <input type="checkbox"/> Chemical storage                 | <input type="checkbox"/> _____                |

Commissary Name: \_\_\_\_\_

Commissary Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Establishment License No. \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_