



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: _____