



Florida Department of Agriculture and Consumer Services
Division of Food Safety

COMMISSARY LETTER OF AGREEMENT

ADAM H. PUTNAM
COMMISSIONER

5K-4.002 and 5K-4.20 F.A.C.

Phone: (850) 245-5520

This form is to be filled out and given to the FDACS inspector in the field and submitted as part of a mobile food establishment permit application or with a package ice plant self-vending permit application that requires a commissary.

SECTION 1- MOBILE FOOD ESTABLISHMENT (MFE) INFORMATION				
Owner Name			Phone Number (include area code)	
Owner Mailing Address			Permit Number	
City		Zip Code (+4 optional)	County	
I hereby certify the provided information is correct and understand permit approval is contingent upon verification of an approved commissary.				
Print Name (owner of MFE)		Signature (Owner of MFE)		Date
SECTION 2 - PRIMARY COMMISSARY INFORMATION				
Primary Commissary Name				
Commissary Address				
City		Zip Code (+4 optional)	County	
Primary Phone Number (include area code)				
Commissary License/Permit Number		Primary E-Mail Address		
Licensed By (check one)	<input type="checkbox"/> Department of Agriculture & Consumer Services	<input type="checkbox"/> Department of Business and Professional Regulation	<input type="checkbox"/> Department of Health	<input type="checkbox"/> Other
Water Supply of Primary Commissary	<input type="checkbox"/> Municipal/Utility	<input type="checkbox"/> Supplier Name		
	<input type="checkbox"/> On-site Well	<input type="checkbox"/> Permit Number		
Wastewater Disposal of Primary Commissary	<input type="checkbox"/> Municipal/Utility	<input type="checkbox"/> Supplier Name		
	<input type="checkbox"/> Septic Tank System	<input type="checkbox"/> Permit Number		
	<input type="checkbox"/> Package Plant			
I intend to provide the following activities at this commissary:				
Dish or equipment washing		<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing of food and dry goods (room temperature)	
Dumping wastewater		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Storage of food (including ice and drinks)	
Receiving potable water		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking and/or reheating food	
Washing the outside of the vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No	Three compartment sink	
Restroom facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below)	
Describe other activities here:				
Signing this document will allow FDACS Food Inspectors entry to my business during normal hours of operation for evaluation of facilities.				
Print Name (of Person in Charge of Commissary)		Signature (of Person in Charge of Commissary)		Date

Are additional commissaries used? Yes No If yes, List additional commissaries on next page, use as many pages needed.

SECTION 3 ---ADDITIONAL COMMISSARIES					
Commissary Name			Phone Number (include area code)		
Commissary Address					
City		Zip Code (+4 optional)		County	
Permit/Licensed #	Licensed By (check one)	<input type="checkbox"/> FDACS	<input type="checkbox"/> DBPR	<input type="checkbox"/> DOH	<input type="checkbox"/> Other
Water Supply of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name			
	<input type="checkbox"/> On-site Well	Permit Number			
Wastewater Disposal of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name			
	<input type="checkbox"/> Septic Tank System	Permit Number			
	<input type="checkbox"/> Package Plant				
Dish or equipment washing		<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing of food and dry goods (room temperature.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Storage of food (including ice and drinks)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking and/or reheating food		<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No	Three compartment sink		<input type="checkbox"/> Yes <input type="checkbox"/> No
Restroom facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe other activities here:					
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Print Name (of Person in Charge of Commissary)		Signature (of Person in Charge of Commissary)			Date

Commissary Name			Phone Number (include area code)		
Commissary Address					
City		Zip Code (+4 optional)		County	
Permit/Licensed #	Licensed By (check one)	<input type="checkbox"/> FDACS	<input type="checkbox"/> DBPR	<input type="checkbox"/> DOH	<input type="checkbox"/> Other
Water Supply of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name			
	<input type="checkbox"/> On-site Well	Permit Number			
Wastewater Disposal of Commissary	<input type="checkbox"/> Municipal/Utility	Supplier Name			
	<input type="checkbox"/> Septic Tank System	Permit Number			
	<input type="checkbox"/> Package Plant				
Dish or equipment washing		<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing of food and dry goods (room temperature.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dumping wastewater		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Storage of food (including ice and drinks)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving potable water		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking and/or reheating food		<input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No	Three compartment sink		<input type="checkbox"/> Yes <input type="checkbox"/> No
Restroom facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe other activities here:					
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Print Name (of Person in Charge of Commissary)		Signature (of Person in Charge of Commissary)			Date