

## Use of Commissary / Shared Kitchen Agreement

All Food Establishments must operate out of an approved facility located within King County. All users of a commissary that are subject to permitting as a food establishment, including but not limited to mobile food units and caterers, must complete this form and receive approval from Public Health prior to commencing operations at the commissary and regardless of ownership of the food operation and the commissary.

**If you are an existing food business currently permitted in King County, and wish to change your current commissary, there is a \$25 fee to process your application. Checks or money orders can be made payable to PHSKC.**

The commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used. (**All** of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- |                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 3-Compartment Sink<br><input type="checkbox"/> Food Prep Sink<br><input type="checkbox"/> Dry Storage Space (square feet) _____<br><input type="checkbox"/> Restroom Access<br><input type="checkbox"/> Key Accessibility to Commissary (If necessary)<br><input type="checkbox"/> Preparation Table/Equipment<br><input type="checkbox"/> Off Street Parking for Trucks/Trailers | <input type="checkbox"/> Hand Wash Sink<br><input type="checkbox"/> Commercial Refrigeration Space<br><input type="checkbox"/> Freezer Space<br><input type="checkbox"/> Ice Machine<br><input type="checkbox"/> Cooking Equipment<br><input type="checkbox"/> Mop Sink<br><input type="checkbox"/> Other: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Commissary Information:**

Name of Business: \_\_\_\_\_ Permit Number **PR** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Business Hours of Operation: \_\_\_\_\_  
 Do other vendors use this commissary?  Yes  No If so, how many \_\_\_\_\_

**Mobile Unit/ Caterer/ Vendor Information:**

Name of Business: \_\_\_\_\_ Permit Number **PR** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Days/Time at Commissary: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I own **both** the business requiring and the business providing commissary services

|                                                 |                                                    |
|-------------------------------------------------|----------------------------------------------------|
| (Commissary Owner/Agent – Printed Name & Title) | (Mobile Unit/Caterer/Vendor– Printed Name & Title) |
| (Commissary Owner/Agent – Signature & Date)     | (Mobile Unit/Caterer/Vendor– Signature & Date)     |

This agreement between the owner of the commissary and the operator of the mobile unit, caterer or vendor signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile unit/caterer/vendor, or should there be any modification or cancellation of this agreement between parties, then the Public Health – Seattle & King Permanent Food Service Establishment Permit may be suspended.**

Available in alternative format upon request pursuant to ADA

For Office Use Only:  
 Health Officer approval for use of commissary by the mobile food unit owner/vendor identified above:  
 Health and Environmental Investigator/MPRAF Compliance Officer:

\_\_\_\_\_  
*Date* *Printed Name* *Signature*