



Commissary Agreement

To be completed by APPLICANT ---- Please print or type

Business Name _____ Permit Number _____

Owner/Operator Name _____

Business Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____ Bus. Phone _____

Vehicle Information (mobile units only)

VIN: _____ License Plate # _____

Make/Model _____ Year _____ Registered Owner _____

I, _____, hereby state that the above information is current and correct to the best of my knowledge and agree to follow all rules and regulations set forth by the Illinois Department of Public Health Food Code. I understand that this agreement corresponds to the facility noted below, any change in location is subject to separate approval and review.

Signature _____ Date _____

To be completed by COMMISSARY OWNER/OPERATOR – Please print or type

Commissary Name _____ Permit Number: _____

Owner/Operator _____

Address _____ State _____ Zip _____ Phone _____

Emergency Phone _____

Check all appropriate services provided to the applicant:

- Sewage Disposal Food Preparation Area Refrigerator/Freezer Storage Potable Water
 Electrical Hookup Food Storage (dry) Garbage Service Handwashing Facilities
 Janitorial/Mop Sink 3-Compartment Sink Overnight Vehicle Storage Water for vehicle washing

Signature _____ Date _____