



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

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MOBILE RETAIL FOOD ESTABLISHMENT AND COMMISSARY AGREEMENT FORM

MOBILE RETAIL FOOD ESTABLISHMENT INFORMATION:

Establishment Name: _____

Owner Name: _____ Phone: _____

List the foods prepared at the commissary: _____

Days/times you engage in food preparation at the commissary: _____

LICENSED FOOD ESTABLISHMENT/COMMISSARY INFORMATION:

Establishment Name: _____ Phone: _____

Establishment Address: _____
(street) (city) (state) (zip)

Owner Name: _____ Phone: _____

Days/times the operator report to the commissary for servicing, storage, cleaning, etc.: _____

What functions are the operator(s) approved to conduct at the commissary:

Food Storage Food Preparation Dishwashing Food Packaging Other: _____

By signing this agreement form, both aforementioned parties agree to follow all food safety regulations set forth in the Indiana State Food Protection Rule (410 IAC 7-24) and the Allen County Food and Beverage Ordinance (Allen County Code, Title 10, Article 2) while engaging in food preparation/service/related activities at the above-mentioned licensed food establishment. In addition, both parties agree to comply with all Fort Wayne/Allen County Building, Fire and Zoning regulations at all times with regard to the food service operations that take place in the licensed food establishment. Additionally, the owner of the above-mentioned licensed food establishment agrees that any food safety violations that are observed during the routine inspection of his/her food establishment will be documented on the inspection form for the licensed food establishment, regardless of which party was responsible for the violation. The owner of the commissary will be held liable/responsible for all food service operations within his/her licensed facility.

Printed Name of Commissary Owner

Printed Name of Mobile Food Unit Owner

Signature of Commissary Owner

Signature of Mobile Food Unit Owner

Date

Date