

Food and Facilities Program

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www.kingcounty.gov/health

Use of Commissary Agreement for Catering

It is required that the operation of a catering business be based from an approved commissary kitchen or servicing area. (Be advised that commissary kitchen use outside of King County will not be allowed.) The commissary is an essential part of a caterer's operation and 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 | <input type="checkbox"/> Hand Wash Sink |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Dry Storage Space (Linear square feet) _____ | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Restroom Access | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Key Accessibility to Commissary (<i>If necessary</i>) | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Preparation Table/Equipment | <input type="checkbox"/> Mop Sink |
| <input type="checkbox"/> Off Street Parking for trucks/trailers | <input type="checkbox"/> Other: _____ |

Commissary Information: Name of Business: _____
Address: _____ City: _____ Zip: _____
Contact Person: _____ Title: _____ Phone: _____
Business Hours of Operation: _____
Email: _____

Do other caterers or mobile food cart/vehicle vendors use this kitchen as a commissary? Yes No If so, how many ____

Caterer Information: Name of Business: _____
Owner/Operator: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Days/Time at Commissary: _____
Email: _____

(Commissary Owner/Agent – Printed Name & Title)

(Caterer – Printed Name & Title)

(Commissary Owner/Agent – Signature & Date)

(Caterer – Signature & Date)

This agreement between the owner of the commissary and the caterer 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 caterer owners, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King Permanent Food Service Establishment Permit may be suspended.**

Office Use Only: Commissary Suitability / HEI Concurrence: _____
(Printed Name) (Signature) (Date)