Public Health
Seattle & King County

Appendix C

Use of Commissary / Shared Kitchen Agreement

All Food Establishments must operate out of an approved facility located within King County. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors.

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:

- ☐ 3-Compartment Sink
- ☐ Food Prep Sink
- ☐ Dry Storage Space (Linear square feet)_____
- ☐ Restroom Access
- ☐ Key Accessibility to Commissary (*If necessary)*
- ☐ Preparation Table/Equipment
- ☐ Off Street Parking for trucks/trailers
- ☐ Hand Wash Sink
- ☐ Commercial Refrigeration Space
- ☐ Freezer Space
- ☐ Ice Machine
- ☐ Cooking Equipment
- ☐ Mop Sink
- ☐ Other: _____

Commissary Information: Name of Business: _____
Address: _____City: _____ Zip: _____
Contact Person: _____ Title: _____
Email: _____ Phone: _____
Business Hours of Operation: _____
Do other vendors use this commissary? ☐ Yes ☐ No If so, how many _____

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

_____ _____
(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 cancelation 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)***

DISTRICT HEALTH CENTERS

DOWNTOWN
401 5th Ave, 11th Floor
Seattle, WA 98104
206-263-9566

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-477-8050