

# Gila County Division of Health & Emergency Management



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## Commissary Agreement

### Part A – To be completed by mobile food business owner

Business Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_

I agree to use the business listed below for all commissary services. I also understand that no food may be stored or prepared in a private home.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

### Part B – To be completed by commissary owner

Commissary Business Name: \_\_\_\_\_  
Commissary Owner's Name: \_\_\_\_\_  
Gila County Permit Number: \_\_\_\_\_

**(Check all that apply)**

(Attach copy of permit if commissary is located outside of Gila County)

\_\_\_\_\_ I agree to allow the business named above to use my establishment to store and prepare food for use in their mobile food unit.

\_\_\_\_\_ I agree to allow the business named above to use the ware washing facilities in my establishment to clean and sanitize equipment used in their mobile food unit.

\_\_\_\_\_ I agree to allow the business named above to use my waste water dump station to dispose of waste water from their mobile food unit.

\_\_\_\_\_ The above named mobile food business has contracted my services as a permitted waste water pumper to pump waste water from their mobile food unit.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

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