



GILA COUNTY DIVISION of HEALTH and EMERGENCY SERVICES

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"Improving the Quality of Life for all Residents"

COMMISSARY AGREEMENT

Part A – To be completed by business owner

Name of business: _____

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's Business Name: _____

Commissary Address: _____

Gila County Permit Number: _____

(Please check all that apply)

___ 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 sanitized 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.

Commissary owner's signature: _____ Date: _____