

COMMISSARY/COMMERCIAL KITCHEN AGREEMENT

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

PART D

Section 1: Pursuant to California Retail Food Code, I will notify Alameda County Environmental Health upon termination of this agreement or if the operator voluntarily ceases using this facility

Commissary / Commercial Kitchen	Owner Name
Street Address	City & Zip Code
Cell Phone#	Alternate Phone#

I, (Facility Owner/ Manager) _____

agree to provide the following services to _____

SERVICES PLEASE CIRCLE YES OR NO:

- | | | | |
|---|--|---------------------------------------|--|
| Facilities to prepare or package food | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dry food storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Toilet & handwashing facilities | <input type="checkbox"/> YES <input type="checkbox"/> NO | Waste grease removal | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Waste tank/sewage disposal | <input type="checkbox"/> YES <input type="checkbox"/> NO | Chemical storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Garbage disposal | <input type="checkbox"/> YES <input type="checkbox"/> NO | Overnight parking (MFPU) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Potable (drinkable) water supply | <input type="checkbox"/> YES <input type="checkbox"/> NO | Enclosed overnight parking (carts) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Electrical hook-up | <input type="checkbox"/> YES <input type="checkbox"/> NO | Refrigeration/frozen food storage | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Equipment/utensil storage | <input type="checkbox"/> YES <input type="checkbox"/> NO | Supply food product – i.e. ice, meats | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Warewash facility (i.e. 3 compartment sink) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Any "NO" answers must be explained below. Additional Commissary agreements may be required:

Authorized Signer _____ Date _____ Phone _____
REHS Signature _____ Date _____ Phone _____

Section 2: is required for Commissary/Commercial Kitchen facilities located OUTSIDE of Alameda County or in the City of Berkley

If the proposed facility is located outside of Alameda County and Berkeley, the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit by signing below. The establishment is in _____ County/City.

An REHS signatures verifies that the facility indicated in **Section 1** meets CALCODE: Section 114294 – 114297.

_____	_____
Out of County REHS Name (Please Print)	Phone
_____ / _____	_____
Out of County REHS Signature & Date Received	E-mail Address