



**Florida Department of Agriculture and Consumer Services
Division of Food Safety**

Bureau of Food and Meat Inspection
3125 Conner Boulevard C-26
Tallahassee, FL 32399-1620
(850) 245-5520

COMMISSARY LETTER OF AGREEMENT

**ADAM H. PUTNAM
COMMISSIONER**

This form is to be filled out and given to the FDACS inspector in the field and submitted as part of a mobile food establishment permit application or with a package ice plant self-vending permit application that requires a commissary.

SECTION 1- MOBILE FOOD ESTABLISHMENT (MFE) OR SELF VENDING ICE UNIT (SVIU) INFORMATION				
Owner Name		Phone Number (include area code)		
Owner Mailing Address		Permit Number		
City	Zip Code (+4 optional)	County		
I hereby certify the provided information is correct and understand permit approval is contingent upon verification of an approved commissary.				
Print Name (Owner of MFE or SVIU)		Signature (Owner of MFE or SVIU)		Date
SECTION 2 - PRIMARY COMMISSARY INFORMATION				
Primary Commissary Name				
Commissary Address				
City	Zip Code (+4 optional)	County		
Primary Phone Number (include area code)				
Commissary License/Permit Number		Primary E-Mail Address		
Licensed By (check one)	<input type="checkbox"/> Department of Agriculture & Consumer Services	<input type="checkbox"/> Department of Business and Professional Regulation	<input type="checkbox"/> Department of Health	<input type="checkbox"/> None
Water Supply of Primary Commissary	<input type="checkbox"/> Municipal/Utility	<input type="checkbox"/> Supplier Name		
	<input type="checkbox"/> On-site Well	<input type="checkbox"/> Permit Number		
Wastewater Disposal of Primary Commissary	<input type="checkbox"/> Municipal/Utility	<input type="checkbox"/> Supplier Name		
	<input type="checkbox"/> Septic Tank System	<input type="checkbox"/> Permit Number		
	<input type="checkbox"/> Package Plant			
I intend to provide the following activities at this commissary:				
Dish or equipment washing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storing of food and dry goods (room temperature) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dumping wastewater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Storage of food (including ice and drinks) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Receiving potable water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking and/or reheating food <input type="checkbox"/> Yes <input type="checkbox"/> No		
Washing the outside of the vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Three compartment sink <input type="checkbox"/> Yes <input type="checkbox"/> No		
Restroom facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe other activities here:				
Signing this document will allow FDACS Food Inspectors entry to my business during normal hours of operation for evaluation of facilities.				
Print Name (of Person in Charge of Commissary)		Signature (of Person in Charge of Commissary)		Date

Are additional commissaries used? Yes No If yes use as many pages as needed.