



### COMMISSARY AGREEMENT

**To be completed by mobile cart/mobile food unit operator:**

**Check one:**

- New Application/New Commissary
- Change of Commissary

**Check one:**

- Mobile Cart Name: \_\_\_\_\_
- Mobile Food Unit Name: \_\_\_\_\_

**Contact information for owner of mobile cart/mobile unit:**

Your name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**To be completed by the food establishment permittee or operator:**

As the permittee or operator of the permitted food establishment noted below, I agree to serve as a commissary for the Mobile Food Unit or Mobile Cart named above. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow the Mobile Food Unit or Mobile Cart to return for servicing on a daily basis. I agree to allow the following:

**\*\*\* The commissary will provide the mobile operator with access to the following: 3 compartment sink or commercial dish machine in order to wash, rinse, and sanitize equipment and utensils; food prep area/food prep tables; freezer storage if needed and/or walk-in cooler storage if needed; dry storage area if needed for dry goods and/or single-use items (paper goods). Prepared (Ready to eat) foods held over 24 hours in the mobile unit and/or in the commissary by the mobile operator must be labeled and date marked to be used or discarded within 7 days.**

**Required for mobile food unit only (check all that apply):**

- \_\_\_\_\_ Provide an exterior wastewater collection system by gravity flow as approved by the health inspector. Removal of manhole cover is not acceptable.
- \_\_\_\_\_ Provide an exterior protected connection to the potable water supply with backflow preventer as approved by the health inspector.

**Required for mobile food unit AND mobile cart (check all that apply):**

- \_\_\_\_\_ Use of designated refrigerated and dry storage area for food or utensil storage. I will label those designated spaces for the unit's exclusive use.
- \_\_\_\_\_ Use of the food establishment dish room.
- \_\_\_\_\_ Use the following equipment:
  - \_\_\_\_\_ Preparation tables
  - \_\_\_\_\_ Cooking equipment

Times that mobile food unit/mobile cart operator will have access to the commissary's equipment:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Will unit be stored at the commissary when not in operation?  Yes  No

Water source for commissary:  Well Water\*  Public Utility

\*Provide results from water sample taken within the last year.

**Commissary Information:**

Name of Food Establishment Serving as Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

City: \_\_\_\_\_, Tennessee Zip: \_\_\_\_\_

Commissary Phone: (\_\_\_\_) \_\_\_\_\_

Name of Food Establishment Permittee (*Print*): \_\_\_\_\_

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*Signature of Food Establishment Permittee or Operator*

*Date*

Contact 865.215.5200 with any questions or concerns regarding the plans review process. To submit plans, please choose one of the options listed below:

Mail:

Knox County Health Department  
Attn: Environmental Health  
140 Dameron Ave.  
Knoxville, TN 37917

Fax:

865.215.5221

Email:

Environmental@knoxcounty.org

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**For office use only:**

Date agreement received: \_\_\_\_\_ Approved  Unapproved  Date Operator Notified: \_\_\_\_\_

Comments if unapproved:

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